

DOCUMENT RESUME

ED 401 510

CG 027 144

TITLE Schools without Drugs. What Works. 1992 Edition.
INSTITUTION Department of Education, Washington, DC.
PUB DATE 92
NOTE 93p.; For Spanish version see CG 027 145. For previous edition, see ED 313 654.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Drug Abuse; *Drug Education; Elementary Secondary Education; Family School Relationship; Intervention; Parent School Relationship; *Prevention; *School Community Programs; School Guidance; Student Development; Student School Relationship

ABSTRACT

Across the United States, schools and communities have found ways to turn the tide in the battle against drugs. This guidebook describes the methods they have used and the actions they have taken. The first section, "Children and Drugs" outlines the nature and extent of the drug problem and summarizes the latest research on the effects of drugs on students and schools. The next section describes action strategies for parents, schools, students, and communities to combat student drug use most effectively. The recommendations are derived from research and from the experiences of schools throughout the country. Special sections which follow are "Teaching About Drug Prevention," "How the Law Can Help," and a resource section on specific drugs and their effects, sources of information for further reading, and a list of 87 references used in creating this guidebook. (RB)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

ED 401 518

What Works

SCHOOLS WITHOUT DRUGS

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ☐ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

ERIC
Full Text Provided by ERIC

United States Department of Education

What Works

***SCHOOLS
WITHOUT
DRUGS***

United States Department of Education

1992

	Page
WHAT CAN WE DO?	v
CHILDREN AND DRUGS	1
Extent of Alcohol and Other Drug Use	5
Fact Sheet: Drugs and Dependence	6
How Drug Use Develops	7
Fact Sheet: Youth and Alcohol	8
Effects of Drug Use	9
Fact Sheet: Cocaine: Crack	10
Drug Use and Learning	11
A PLAN FOR ACTION	13
<i>What Parents Can Do</i>	14
Instilling Responsibility	15
Supervising Activities	17
Fact Sheet: Signs of Drug Use	18
Recognizing Drug Use	19
<i>What Schools Can Do</i>	20
Assessing the Problem	21
Setting Policy	23
Enforcing Policy	25
Teaching About Drug Prevention	27
Fact Sheet: Tips for Selecting Drug Prevention Materials	28
Enlisting the Community's Help	29
Fact Sheet: Legal Questions on Search and Seizure ..	30
Fact Sheet: Legal Questions on Suspension and Expulsion	31
<i>What Students Can Do</i>	32
Learning the Facts	33
Helping to Fight Drug Use	35

<i>What Communities Can Do</i>	36
Providing Support	37
Involving Law Enforcement	39
CONCLUSION	41
SPECIAL SECTIONS	43
<i>Teaching About Drug Prevention</i>	44
<i>How the Law Can Help</i>	50
<i>Resources</i>	61
Specific Drugs and Their Effects	61
Sources of Information	72
References	81
ACKNOWLEDGEMENTS	86

WHAT CAN WE DO?

A Plan for Achieving Schools Without Drugs

PARENTS:

1. Teach standards of right and wrong, and demonstrate these standards through personal example.
2. Help children to resist peer pressure to use alcohol and other drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.
3. Be knowledgeable about drugs and signs of drug use. When symptoms are observed, respond promptly.

SCHOOLS:

4. Determine the extent and character of alcohol and other drug use and monitor that use regularly.
5. Establish clear and specific rules regarding alcohol and other drug use that include strong corrective actions.
6. Enforce established policies against drug use fairly and consistently. Ensure adequate security measures to eliminate drugs from school premises and school functions.
7. Implement a comprehensive drug prevention curriculum for kindergarten through grade 12, teaching that drug use is wrong and harmful, and supporting and strengthening resistance to drugs.
8. Reach out to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups can work together to provide necessary resources.

STUDENTS:

9. Learn about the effects of alcohol and other drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.
10. Use an understanding of the danger posed by alcohol and other drugs to help other students avoid them. Encourage other students to resist drugs, persuade those using drugs to seek help, and report those selling drugs to parents and the school principal.

COMMUNITIES:

11. Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.
12. Involve local law enforcement agencies in all aspects of drug prevention: assessment, enforcement, and education. The police and courts should have well-established relationships with the schools.

“I felt depressed and hurt all the time. I hated myself for the way I hurt my parents and treated them so cruelly, and for the way I treated others. I hated myself the most, though, for the way I treated myself. I would take drugs until I overdosed, and fell further and further behind in school and work and relationships with others. I just didn’t care anymore whether I lived or died. I stopped going to school altogether. . . . I felt constantly depressed and began having thoughts of suicide, which scared me a lot! I didn’t know where to turn. . .”

—Stewart, a high school student

CHILDREN AND DRUGS

When 13- to 18-year-olds were asked to name the biggest problem facing young people today, drug use led the list. In 1987, 54 percent of teens cited drugs as their greatest concern—up from 27 percent only 10 years earlier.

Eighty-nine percent of teens oppose legalization of marijuana, and 77 percent believe it would be wrong to decriminalize the possession of small amounts of marijuana.

Drugs and alcohol rank high on the list of topics that teens wish they could discuss more with their parents—42 percent want more discussions with parents about drugs, and 39 percent feel the need to talk about drinking.

—The Gallup Youth Surveys, 1987 and 1988

Adults share this concern, ranking student drug use as the most serious problem facing our nation's schools for the third consecutive year.

—20th Annual Gallup Poll of the Public's
Attitudes Toward Public Schools, 1988

Children and Drugs

Americans have consistently identified drug use as being among the top problems confronting the nation's schools. Yet many do not recognize the degree to which their own children, their own schools, and their own communities are at risk.

Research shows that drug use among children is 10 times more prevalent than parents suspect. In addition, many students know that their parents do not recognize the extent of drug use; as a result, some young people believe that they can use drugs with impunity.

School administrators and teachers often are unaware that some of their students are using and selling drugs on school property. As Ralph Egers, former superintendent of schools in South Portland, Maine, put it, "We'd like to think that our kids don't have this problem, but the brightest kid from the best family in the community could have the problem."

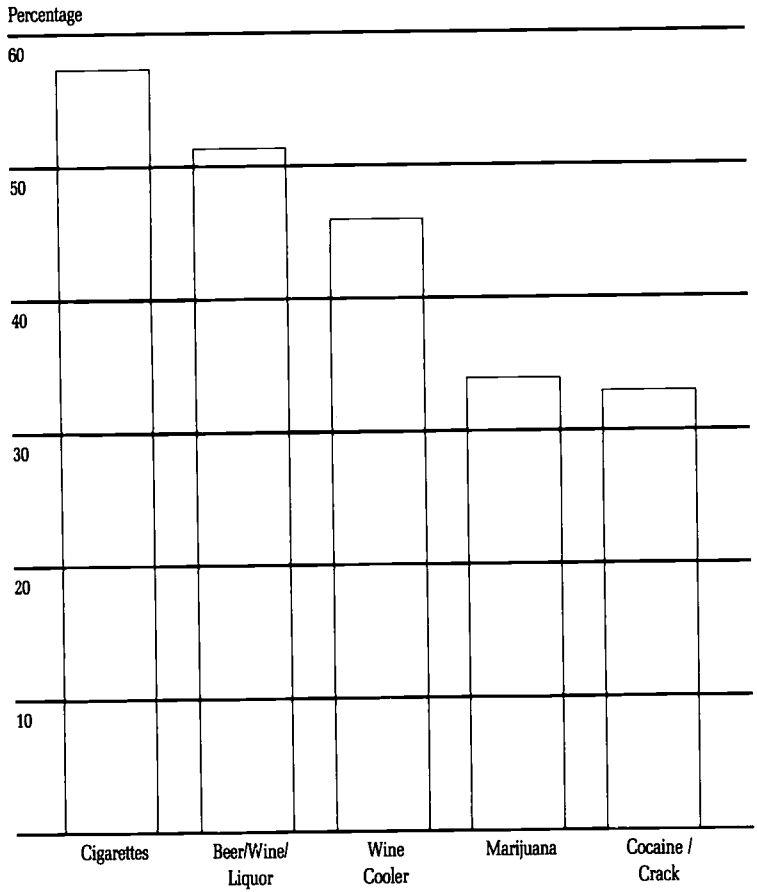
The facts are:

- Drug use is not confined to young people in certain geographic areas or from particular economic backgrounds; drug use affects young people throughout the nation.
- Drugs are a serious problem not only among high school students but among middle and elementary school students as well.
- Heavy drinking, defined as five or more drinks on one occasion, is reported by 30 percent of high school seniors, and more than one-half are occasional users of alcohol.
- All illegal drugs are dangerous; there is no such thing as safe or responsible use of illegal drugs.
- Although drug trafficking is controlled by adults, the immediate source of drugs for most students is other students.

Continuing misconceptions about the drug problem stand in the way of corrective action. The following section outlines the nature and extent of the problem and summarizes the latest research on the effects of drugs on students and schools.

Figure 1

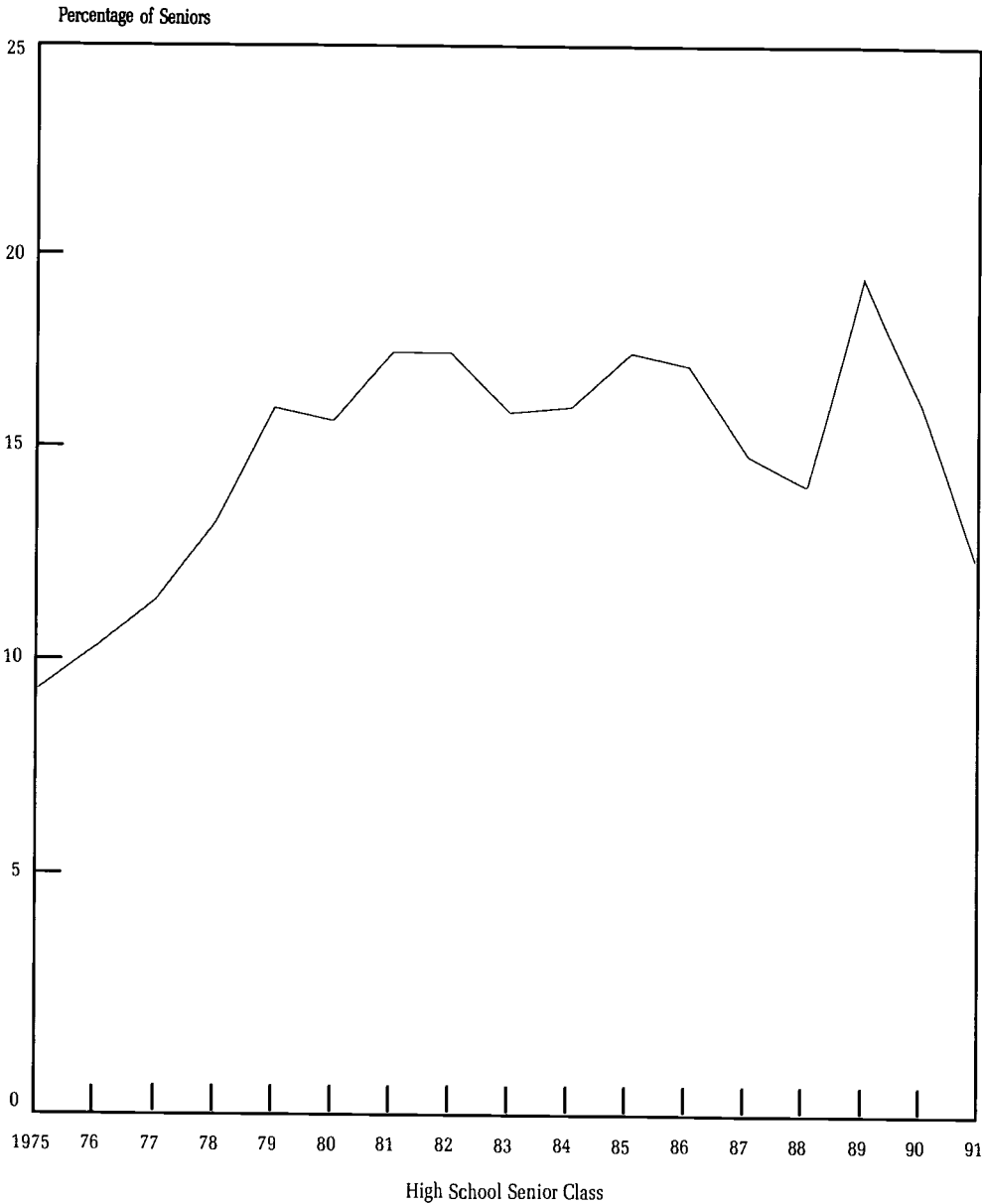
**Percentage of 6th Graders
Who Report Peer Pressure to
Try Drugs**



Source: 1987 Weekly Reader Survey on Drugs and Drinking

Figure 2

Percentage of High School Seniors Who Have Used Cocaine



Ever Used Cocaine



Used Cocaine in
Last Year



Used Cocaine in
Last 30 Days

Source: Institute for Social Research 1991

Extent of Alcohol and Other Drug Use

Drug use is widespread among American schoolchildren. Although a national study of high school seniors in 1991 shows that drug use among young people is declining, the figures remain unacceptably high (see Figure 2). The United States continues to have the highest rate of teenage drug use of any nation in the industrialized world. Forty-four percent of high school seniors have tried an illicit drug by the time they graduate. Alcohol is the most widely used drug. By their senior year, 88 percent of students in the class of 1991 had used alcohol; 78 percent had used alcohol in the past year and 54 percent had used it in the month prior to the survey. Thirty percent of seniors surveyed reported at least one occasion of heavy drinking in the two weeks prior to the survey—an occasion in which they had five or more drinks in a row. Twenty-four percent of 1991 seniors reported using marijuana in the past year, and 14 percent said they had used it at least once in the previous month. Three and one-half percent of seniors indicated that they had used cocaine in the past year. Three percent of seniors had used crack, and 1.5 percent had used it within the last year.

The drug problem affects all types of students. All regions and all types of communities show high levels of drug use. Thirty percent of 1990 high school seniors in nonmetropolitan areas reported illicit drug use in the previous year, while the rate for seniors in large metropolitan areas was 33 percent. Although higher proportions of males are involved in illicit drug use, especially heavy drug use, the gap between the sexes is closing. The extent to which high school seniors reported having used illicit drugs is higher for whites than for blacks.

Initial use of alcohol and other drugs occurs at an increasingly early age. Nineteen percent of seniors report they had initiated cigarette use by sixth grade and 11 percent had used alcohol. Forty-four percent of 8th graders have tried cigarettes, and 70 percent have at least tried alcohol. Twenty-seven percent of 8th graders have gotten drunk at least once, and 13 percent report they have consumed five or more drinks in a row. Of the illicit drugs, marijuana and inhalants show the earliest pattern of initiation; about 2.8 percent of seniors had begun using both of these substances by the 6th grade. The peak initiation rate is reached by 9th grade. Peak initiation rates for cocaine and hallucinogens are reached in 10th and 11th grade with the initiation rate for nearly all drugs falling off by 12th grade.

Drugs and Dependence

Drugs cause physical and emotional dependence. Users may develop a craving for specific drugs, and their bodies may respond to the presence of drugs in ways that lead to increased drug use.

- Regular users of drugs develop tolerance, a need to take larger doses to get the same initial effect. They may respond by combining drugs, frequently with devastating results. Many teenage drug users calling a national cocaine hotline report that they take other drugs just to counteract the unpleasant effects of cocaine.
 - Certain drugs, such as opiates, barbituates, alcohol, and nicotine, create physical dependence. With prolonged use, these drugs become part of the body chemistry. When a regular user stops taking the drug, the body experiences the physiological trauma known as withdrawal.
 - Psychological dependence occurs when taking drugs becomes the center of the user's life. Among children, psychological dependence erodes school performance and can destroy ties to family and friends, as well as cause the child to abandon outside interests, values, and goals. The child goes from taking drugs to feel good, to taking them to keep from feeling bad. Over time, drug use itself heightens the bad feelings and can leave the user suicidal. More than half of all adolescent suicides are drug-related.
 - Drugs can remain in the body long after use has stopped. The extent to which a drug is retained in the body depends on the drug's chemical composition, that is, whether it is fat-soluble. Fat-soluble drugs such as marijuana and phencyclidine (PCP) seek out and settle in the fatty tissues. As a result, they build up in the fatty parts of the body such as the brain. Such accumulations of drugs and their slow release over time may have effects on the mind and body weeks or even months after drug use has stopped.
-

How Drug Use Develops

Social influences play a key role in making drug use attractive to children.

The first temptations to use drugs may come in social situations in the form of pressures to “act grown up” by smoking cigarettes or using alcohol or marijuana.

A 1987 *Weekly Reader* survey found that television and movies had the greatest influence on fourth through sixth graders in making drugs and alcohol seem attractive; the second greatest influence was other children.

The survey offers insights into why students take drugs. Children in grades four through six think that the most important reason for using alcohol and marijuana is to “fit in with others,” followed closely by a desire “to feel older.” Students also have incomplete or inaccurate information. For example, only 44 percent of sixth graders polled in a national survey think alcohol should be called a drug. This finding reinforces the need for prevention programs beginning in the early grades—programs that focus on teaching children the facts about drugs and alcohol and the skills to resist peer pressure to use them.

Students who turn to more potent drugs usually do so after first using cigarettes and alcohol, and then marijuana. Initial attempts may not produce a “high”; however, students who continue to use drugs learn that drugs can change their thoughts and feelings. *The greater a student’s involvement with marijuana, the more likely it is the student will begin to use other drugs in conjunction with marijuana.*

Drug use frequently progresses in stages—from occasional use, to regular use, to multiple drug use, and ultimately to total dependency. With each successive stage, drug use intensifies, becomes more varied, and results in increasingly debilitating effects.

But this progression is not inevitable. Drug use can be stopped at any stage. However, the more deeply involved children are with drugs, the more difficult it is for them to stop. *The best way to fight drug use is to begin prevention efforts before children start using drugs.* Prevention efforts that focus on young children are the most effective means to fight drug use.

Youth and Alcohol

Alcohol is the number one drug problem among youth. The easy availability, widespread acceptability, and extensive promotion of alcoholic beverages within our society make alcohol the most widely used and abused drug.

- Alcohol use is widespread. By their senior year of high school nearly 90 percent of students will have tried alcoholic beverages. Despite a legal drinking age of 21, junior and senior high school students drink 35 percent of all wine coolers sold in the United States. They also drink an estimated 1.1 billion bottles and cans of beer each year.
- Drinking has acute effects on the body. The heavy, fast-paced drinking that young people commonly engage in quickly alters judgment, vision, coordination, and speech and often leads to dangerous risk-taking behavior. Because young people have lower body weight than adults, youth absorb alcohol into their blood system faster than adults and exhibit greater impairment for longer periods of time. Alcohol use not only increases the likelihood of being involved in an accident, it increases the risk of serious injury in an accident because of its harmful effects on numerous parts of the body.
- Alcohol-related highway accidents are the principal cause of death among young people ages 15 through 24. Alcohol use is the primary cause of traffic accidents involving teenage drivers. Furthermore, about half of all youthful deaths in drowning, fires, suicide, and homicide are alcohol-related.
- Any alcoholic beverage can be misused. Contrary to popular belief, drinking beer or wine can have effects similar to drinking “hard” liquor. A bottle of beer, a glass of wine, or a bottle of wine cooler have about the same amount of ethyl alcohol as a drink made with liquor. Those who drive “under the influence” are most likely to have been drinking beer.
- Early alcohol use is associated with subsequent alcohol dependence and related health problems. Youth who use alcohol at a younger age are more likely to use alcohol heavily and to experience alcohol-related problems affecting their relationships with family and friends by late adolescence. Their school performance is likely to suffer, and they are more likely to be truant. They are also more likely to abuse other drugs and to get in trouble with the law, or, if they are girls, to become pregnant.

Effects of Drug Use

The drugs students are taking today are more potent, more dangerous, and more addictive than ever.

Adolescents are particularly vulnerable to the effects of drugs. Drugs threaten normal development in a number of ways:

- Drugs can interfere with memory, sensation, and perception. They distort experiences and cause a loss of self-control that can lead users to harm themselves and others.
- Drugs interfere with the brain's ability to take in, sort, and synthesize information. As a result, sensory information runs together, providing new sensations while blocking normal ability to understand the information received.
- Drugs can have an insidious effect on perception; for example, cocaine and amphetamines often give users a false sense of functioning at their best while on the drug.

Drug suppliers have responded to the increasing demand for drugs by developing new strains, producing reprocessed, purified drugs, and using underground laboratories to create more powerful forms of illegal drugs. Consequently, users are exposed to heightened or unknown levels of risk.

- The marijuana produced today is from 5 to 20 times stronger than that available as recently as 10 years ago. Regular use by adolescents has been associated with an "amotivational syndrome," characterized by apathy and loss of goals. Research has shown that severe psychological damage, including paranoia and psychosis, can occur when marijuana contains 2 percent THC, its major psychoactive ingredient. Since the early 1980s, most marijuana has contained from 4 to 6 percent THC—two or three times the amount capable of causing serious damage.
- Crack is a purified and highly addictive form of cocaine.
- Phencyclidine (PCP), first developed as an animal tranquilizer, has unpredictable and often violent effects. Often children do not even know that they are using this drug when PCP-laced parsley in cigarette form is passed off as marijuana, or when PCP in crystal form is sold as lysergic acid (LSD).
- Some of the "designer" drugs, slight chemical variations of existing illegal drugs, have been known to cause permanent brain damage with a single dose.

Further information about drugs is presented in the Resources Section, pages 61–71.

Cocaine: Crack

Cocaine is readily available. Fifty-one percent of seniors say it would be easy for them to get cocaine. Most alarming is the ready availability of cocaine in a cheap but potent form called crack or rock. Crack is a purified form of cocaine that is smoked.

- *Crack is inexpensive to try.* Crack is available for as little as \$5. As a result, the drug is affordable to many potential users, including high school and even elementary school students.
- *Crack is easy to use.* It is sold in pieces resembling small white gravel or soap chips and is sometimes pressed into small pellets. Crack can be smoked in a pipe or put into a cigarette. The visible effects disappear within minutes after smoking, so detection is difficult.
- *Crack is extremely addictive.* Crack is far more addictive than heroin or barbiturates. Because crack is smoked, it is quickly absorbed into the blood stream. It produces a feeling of extreme euphoria, peaking within seconds. Repeated use of crack can lead to addiction within a few days.
- *Crack leads to crime and severe psychological disorders.* Many youths, once addicted, have turned to stealing, prostitution, and drug dealing in order to support their habit. Continued use can produce violent behavior and psychotic states similar to schizophrenia.
- *Crack is deadly.* Cocaine in any form, including crack, can cause sudden death from cardiac arrest or respiratory failure.

Drug Use and Learning

Drugs erode the self-discipline and motivation necessary for learning. Pervasive drug use among students creates a climate in the schools that is destructive to learning.

Research shows that drug use can cause a decline in academic performance. This has been found to be true for students who excelled in school prior to drug use as well as for those with academic or behavioral problems prior to use. According to one study, students using marijuana were twice as likely to average D's and F's as other students. The decline in grades often reverses when drug use is stopped.

Drug use is closely tied to being truant and dropping out of school.

High school seniors who are heavy drug users are more than three times as likely to skip school as nonusers. About one-fifth of heavy users skipped three or more school days a month, more than six times the truancy rate of nonusers. In a Philadelphia study, dropouts were almost twice as likely to be frequent drug users as were high school graduates; four in five dropouts used drugs regularly.

Drug use is associated with crime and misconduct that disrupt the maintenance of an orderly and safe school atmosphere conducive to learning. Drugs not only transform schools into marketplaces for dope deals, they also lead to the destruction of property and to classroom disorder. Among high school seniors, heavy drug users were more than three times as likely to vandalize school property and twice as likely to have been involved in a fight at school or at work as nonusers. Students on drugs create a climate of apathy, disruption, and disrespect for others. For example, among teenage callers to a national cocaine hotline, 32 percent reported that they sold drugs, and 64 percent said that they stole from family, friends, or employers to buy drugs. A drug-ridden environment is a strong deterrent to learning not only for drug users but for other students as well.

A PLAN FOR ACTION

To combat student drug use most effectively, the entire community must be involved: parents, schools, students, law enforcement authorities, religious groups, social service agencies, and the media. They all must transmit a single consistent message that drug use is wrong and dangerous, and it will not be tolerated. This message must be reinforced through strong, consistent law enforcement and disciplinary measures.

The following recommendations and examples describe actions that can be taken by parents, schools, students, and communities to stop drug use. These recommendations are derived from research and from the experiences of schools throughout the country. They show that the drug problem can be overcome.

WHAT PARENTS CAN DO

- ☐ Teach standards of right and wrong, and demonstrate these standards through personal example.
- ☐ Help children to resist peer pressure to use alcohol and other drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.
- ☐ Be knowledgeable about drugs and signs of drug use. When symptoms are observed, respond promptly.

Instilling Responsibility

Recommendation #1:

Teach standards of right and wrong and demonstrate these standards through personal example.

Children who are brought up to value individual responsibility and self-discipline and to have a clear sense of right and wrong are less likely to try drugs than those who are not. Parents can help to instill these values by:

- Setting a good example for children and not using drugs themselves.
- Explaining to their children at an early age that drug use is wrong, harmful, and unlawful, and reinforcing this teaching throughout adolescence.
- Encouraging self-discipline by giving children regular duties and holding them accountable for their actions.
- Establishing standards of behavior concerning drugs, drinking, dating, curfews, and unsupervised activities, and enforcing them consistently and fairly.
- Encouraging their children to stand by their convictions when pressured to use drugs.

Central Elementary Gulfport, Mississippi

Every afternoon after the last bell rings, the POP (Parents on Patrol) Team springs into action. With their T-shirts proclaiming “Drug-Free Body” and whistles at the ready, their mission is to ensure that all children get off the school grounds and on their way home safely. POPs are also posted several blocks away from campus. They send a strong signal to any dealers and drug users who may be in the neighborhood (which has the highest rate of drug-related crime in Gulfport), that these children have higher goals, healthier aspirations.

The POP team is just one way parents are involved in the drug prevention program at Central Elementary. Spurred, in part, by the high rate of drug activity in the school’s surrounding neighborhood, the Central staff made an early commitment to involving parents, grandparents, aunts, uncles and other caregivers in all aspects of the program’s development.

The school helped train parents to go into the community—to churches and social centers—to teach drug awareness and provide child rearing classes. Newsletters and home visits support Central’s outreach.

Inherent in the school’s drug prevention program is the philosophy that the best prevention is providing healthy, challenging activities for the mind. High on Checkers is just one such program. Central checker players not only compete within the school, they take field trips to the “checker capital of the world” 70 miles from Gulfport. Central champions have even played in tournaments in Russia and England. Parent volunteers make travel possible by seeking donations, holding fund-raising events, and serving as chaperons.

Teachers and parents also devote time and energy to other activities such as the highly acclaimed Boys Choir, a problem-solving club called the Think Tank, and the Central Student Council, one of the few elementary councils in Mississippi.

Parents may also volunteer to read to students, to help with the physical education program, or to be a “buddy” in the cafeteria. Several parents have acknowledged that the Central drug-free efforts have made a positive difference not only in the lives of their children, but in their own lives as well.

Supervising Activities

Recommendation #2:

Help children to resist peer pressure to use alcohol and other drugs by supervising their activities, knowing who their friends are, and talking with them about their interests and problems.

When parents take an active interest in their children's behavior, they provide the guidance and support children need to resist drugs. Parents can do this by:

- Knowing their children's whereabouts, activities, and friends.
- Working to maintain and improve family communications and listening to their children.
- Being able to discuss drugs knowledgeably. It is far better for children to obtain their information from their parents than from their peers or on the street.
- Communicating regularly with the parents of their children's friends and sharing their knowledge about drugs with other parents.
- Being selective about their children's viewing of television and movies that portray drug use as glamorous or exciting.

In addition, parents can work with the school in its efforts to fight drugs by:

- Encouraging the development of a school policy with a clear no-use message.
- Supporting administrators who are tough on drugs.
- Assisting the school in monitoring students' attendance and planning and chaperoning school-sponsored activities.
- Communicating regularly with the school regarding their children's behavior.

Signs of Drug Use

Changing patterns of performance, appearance, and behavior may signal use of drugs. The items in the first category listed below provide direct evidence of drug use; the items in the other categories offer signs that may indicate drug use. Adults should watch for extreme changes in children's behavior, changes that together form a pattern associated with drug use.

Signs of Drugs and Drug Paraphernalia

- Possession of drug-related paraphernalia such as pipes, rolling papers, small decongestant bottles, eye drops, or small butane torches.
- Possession of drugs or evidence of drugs, such as pills, white powder, small glass vials, or hypodermic needles; peculiar plants or butts, seeds, or leaves in ashtrays or in clothing pockets.
- Odor of drugs, smell of incense or other "cover-up" scents.

Identification with Drug Culture

- Drug-related magazines, slogans on clothing.
- Conversation and jokes that are preoccupied with drugs.
- Hostility in discussing drugs.
- Collection of beer cans.

Signs of Physical Deterioration

- Memory lapses, short attention span, difficulty in concentration.
- Poor physical coordination, slurred or incoherent speech.
- Unhealthy appearance, indifference to hygiene and grooming.
- Bloodshot eyes, dilated pupils.

Dramatic Changes in School Performance

- Marked downturn in student's grades—not just from C's to F's, but from A's to B's and C's; assignments not completed.
- Increased absenteeism or tardiness.

Changes in Behavior

- Chronic dishonesty (lying, stealing, cheating); trouble with the police.
- Changes in friends, evasiveness in talking about new ones.
- Possession of large amounts of money.
- Increasing and inappropriate anger, hostility, irritability, secretiveness.
- Reduced motivation, energy, self-discipline, self-esteem.
- Diminished interest in extracurricular activities and hobbies.

Recognizing Drug Use

Recommendation #3:

Be knowledgeable about drugs and signs of drug use. When symptoms are observed, respond promptly.

Parents are in the best position to recognize early signs of drug use in their children. To inform and involve themselves, parents should take the following steps:

- Learn about the extent of the drug problem in their community and in their children's schools.
- Learn how to recognize signs of drug use.
- Meet with parents of their children's friends or classmates about the drug problem at their school. Establish a means of sharing information to determine which children are using drugs and who is supplying them.

Parents who suspect their children are using drugs often must deal with their own emotions of anger, resentment, and guilt. Frequently they deny the evidence and postpone confronting their children. Yet, the earlier a drug problem is detected and faced, the less difficult it is to overcome. If parents suspect that their children are using drugs, they should take the following steps:

- Devise a plan of action. Consult with school officials and other parents.
- Discuss their suspicions with their children in a calm, objective manner. Do not confront a child while he or she is under the influence of alcohol or other drugs.
- Impose disciplinary measures that help remove the child from those circumstances where drug use might occur.
- Seek advice and assistance from drug treatment professionals and from a parent group. (For further information, consult the Resources Section, pages 61-81.)

WHAT SCHOOLS CAN DO

- ☐ Determine the extent and character of alcohol and other drug use and monitor that use regularly.
- ☐ Establish clear and specific rules regarding alcohol and other drug use that include strong corrective actions.
- ☐ Enforce established policies against alcohol and other drug use fairly and consistently. Ensure adequate security measures to eliminate drugs from school premises and school functions.
- ☐ Implement a comprehensive drug prevention curriculum for kindergarten through grade 12, teaching that drug use is wrong and harmful, and supporting and strengthening resistance to drugs.
- ☐ Reach out to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups can work together to provide necessary resources.

Assessing the Problem

Recommendation #4:

Determine the extent and character of alcohol and other drug use and monitor that use regularly.

School personnel should be informed about the extent of drugs in their school. School boards, superintendents, and local public officials should support school administrators in their efforts to assess the extent of the drug problem and to combat it.

To guide and evaluate effective drug prevention efforts, schools need to take the following actions:

- Conduct anonymous surveys of students and school personnel and consult with local law enforcement officials to identify the extent of the drug problem.
- Bring together school personnel to identify areas where drugs are being used and sold.
- Meet with parents to help determine the nature and extent of drug use.
- Maintain records on drug use and sale in the school over time, for use in evaluating and improving prevention efforts. In addition to self-reported drug use patterns, records may include information on drug-related arrests and school discipline problems.
- Inform the community, in straightforward language, of the results of the school's assessment of the drug problem.

Roncalli High School Manitowoc, Wisconsin

Before Roncalli, a Catholic coed high school, initiated its no-use drug policy in the early 1980s, it was not uncommon after athletic events to see a parking lot full of empty beer cans and to hear reports of students charged with driving while intoxicated.

After an alcohol-related teenage traffic fatality jolted the community, a district-wide survey was taken that showed widespread drug and alcohol use by high school students. The Roncalli student body was no exception. In response, an action plan was developed by students, parents, and the community that calls for referral and treatment on the first offense for any student found in the possession of or under the influence of alcohol or drugs at any Roncalli High School activity. The consequence for a second offense is dismissal.

Since this program's inception 13 years ago, only one student has declined referral and treatment choosing instead to leave school. Tracking surveys each year help the faculty and students to monitor progress in achieving the school's drug-free goal.

Positive peer pressure and team spirit are important ingredients in Roncalli's anti-drug program. The student group RADD (Roncalli Against Drinking and Drugs) operates as an arm of the Student Senate to organize and coordinate drug-free activities through the year. More than 90 percent of the 650 students at Roncalli High participate in RADD's activities that include dances, open gym, Trivial Pursuit contests, Pictionary night, video screenings, and other after-school events.

A Peer Helpers program matches all 120 incoming freshmen with peers who provide information throughout the year on Roncalli's anti-drug policies and program.

Concerned Persons Groups also meet at Roncalli to offer extra peer support to students who have a friend or family member using drugs or who may need a place to talk and find assistance in confidence. The groups meet during the school day on alternating schedules so that all may have the option to attend.

Parents, too, are actively involved in the school program. The Roncalli Parents Communication Network has commitments from more than 60 percent of the Roncalli parents to keep their homes drug-free and to be present when students visit.

Setting Policy

Recommendation #5:

Establish clear and specific rules regarding alcohol and other drug use that include strong corrective actions.

School policies should clearly establish that drug use, possession, and sale on the school grounds and at school functions will not be tolerated. These policies should apply both to students and to school personnel, and may include prevention, intervention, treatment, and disciplinary measures.

School policies should have the following characteristics:

- Specify what constitutes a drug offense by defining (1) illegal substances and paraphernalia; (2) the area of the school's jurisdiction, for example, the school property, its surroundings, and all school-related events, such as proms and football games; and (3) the types of violations (drug possession, use, and sale).
- State the consequences for violating school policy; punitive action should be linked to referral for treatment and counseling. Measures that schools have found effective in dealing with first-time offenders include the following:
 - A required meeting of parents and the student with school officials, concluding with a contract signed by the student and parents in which they both acknowledge a drug problem and the student agrees to stop using and to participate in drug counseling or a rehabilitation program.
 - Suspension, assignment to an alternative school, in-school suspension, after-school or Saturday detention with close supervision, and demanding academic assignments.
 - Referral to a drug treatment expert or counselor.
 - Notification of police.

Recommendation #5: (continued)

Penalties for repeat offenders and for sellers may include expulsion, legal action, and referral for treatment.

- Describe procedures for handling violations, including the following:
 - Legal issues associated with disciplinary actions (confidentiality, due process, and search and seizure) and their application.
 - Circumstances under which incidents should be reported and the responsibilities and procedures for reporting incidents, including the identification of the authorities to be contacted.
 - Procedures for notifying parents when their child is suspected of using drugs or is caught with drugs.
 - Procedures for notifying police.
- Enlist legal counsel to ensure that all policy is in compliance with applicable Federal, State, and local laws.
- Build community support for the policy. Hold open meetings where views can be aired and differences resolved.

Enforcing Policy

Recommendation #6:

Enforce established policies against alcohol and other drug use fairly and consistently. Ensure adequate security measures to eliminate drugs from school premises and school functions.

Ensure that everyone understands the policy and the procedures that will be followed in case of infractions. Make copies of the school policy available to all parents, teachers, and students, and publicize the policy throughout the school and community.

Impose strict security measures to bar access to intruders and to prohibit student drug trafficking. Enforcement policies should correspond to the severity of the school's drug problem. For example:

- Officials can require students to carry hall passes, supervise school grounds and hallways, and secure assistance of law enforcement officials, particularly to help monitor areas around the school.
- For a severe drug problem, officials can use security personnel to monitor closely all school areas where drug sales and use are known to occur; issue mandatory identification badges for school staff and students; request the assistance of local police to help stop drug dealing; and, depending on applicable law, develop a policy that permits periodic searches of student lockers.

Review enforcement practices regularly to ensure that penalties are uniformly and fairly applied.

- Consider implementing an alternative program for students who have been suspended for drug use or possession. Some districts have developed off-campus programs to enable suspended students to continue their education in a more tightly structured environment. These programs may be offered during the day or in the evening, and may offer counseling as well as an academic curriculum. Other districts have successfully used a probationary alternative that combined a short-term in-school suspension with requirements for drug testing and participation in support groups as a condition of returning to the classroom.

Lawrenceville Middle School Lawrenceville, Georgia

Ten years ago, Lawrenceville, Georgia, was a rural community outside Atlanta. Today it is a full-fledged suburb, and one of the nation's fastest-growing. Lawrenceville Middle School, responding to rapid changes in the community, did not wait for a crisis to begin thinking about the drug education needs of its 1100 students. It conducted a survey in 1981 to use as a benchmark to measure drug-free progress in subsequent years and to help define an appropriate program—the first in Gwinnett County—for sixth-, seventh- and eighth-graders.

The Lawrenceville program emphasizes five prevention strategies: education, life and social skills, healthy alternatives, risk factor reduction, and environmental change. While annual surveys help the faculty and parents assess its effectiveness, they are not the only way they measure effectiveness. Regular informal assessments and day-to-day faculty observation help to fine tune the program from year to year and suggest any immediate changes required. A case in point: when teachers began to observe an increase in tobacco use, particularly smokeless tobacco use, they formed a committee that included parents and administrators and came up with a plan to include more information in the curriculum on the harmful effects of tobacco and more up-to-date materials in the media center. They also decided to implement a no-tobacco use policy for the school staff. The following year, incidents of student tobacco use decreased dramatically.

Parents, students, and teachers attribute much of Lawrenceville's drug education success to its alternative program, STRIDE, (Student/Teacher Resource Institute for Drug Education), a unique concept that has captured the attention—and drug-free pledges—of more than 80 percent of Lawrenceville's students.

STRIDE's leadership team—composed of seventh- and eighth-graders—meets during the summer to plan activities for the upcoming year. A program featuring 10 to 12 major events is outlined at the summer planning session. STRIDE leaders meet regularly during the school year to implement the program and delegate responsibilities. STRIDE events—held after school from 2:00 to 5:00—are widely publicized by STRIDE members. Events include programs by visiting athletes who qualify as role models, dances, videos, plays, speakers from the community, and special sports events.

Teaching About Drug Prevention

Recommendation #7:

Implement a comprehensive drug prevention curriculum for kindergarten through grade 12, teaching that drug use is wrong and harmful, and supporting and strengthening resistance to drugs.

A model program would have these main objectives:

- To value and maintain sound personal health.
- To respect laws and rules prohibiting drugs.
- To resist pressures to use drugs.
- To promote student activities that are drug free and offer healthy avenues for student interests.

In developing a program, school staff should take the following steps:

- Determine curriculum content appropriate for the school's drug problem and grade levels.
- Base the curriculum on an understanding of why children try drugs in order to teach them how to resist pressures to use drugs.
- Review existing materials for possible adaptation. State and national organizations—and some lending libraries—that have an interest in drug prevention make available lists of materials.

In implementing a program, school staff should take the following steps:

- Include students in all grades. Effective drug education is cumulative.
- Teach about drugs in health education classes, and reinforce this curriculum with appropriate materials in classes such as social studies and science.
- Develop expertise in drug prevention through training. Teachers should be knowledgeable about drugs, personally committed to opposing drug use, and skilled at eliciting participation by students in drug prevention efforts.

(For more detailed information on topics and learning activities to incorporate in a drug prevention program, see pages 44-49.)

Tips for Selecting Drug Prevention Materials

In evaluating drug prevention materials, keep the following points in mind:

Check the date of publication. Material published before 1980 may be outdated; even recently published materials may be inaccurate.

Look for “warning flag” phrases and concepts. The following expressions, many of which appear frequently in “pro-drug” material, falsely imply that there is a “safe” use of mind-altering drugs: *experimental use, recreational use, social use, controlled use, responsible use, use/abuse.*

Mood-altering is a deceptive euphemism for mind-altering.

The implication of the phrase *mood-altering* is that only temporary feelings are involved. The fact is that mood changes are biological changes in the brain.

“There are no ‘good’ or ‘bad’ drugs, just improper use.”

This is a popular semantic camouflage in pro-drug literature. It confuses young people and minimizes the distinct chemical differences among substances.

“The child’s own decision.”

Parents cannot afford to leave such hazardous choices to their children. It is the parents’ responsibility to do all in their power to provide the information and the protection to assure their children a drug-free childhood and adolescence.

Be alert for contradictory messages. Many authors give a pro-drug message and then cover their tracks by including “cautions” about how to use drugs.

Make certain that the health consequences revealed in current research are adequately described. Literature should make these facts clear: The high potency of marijuana on the market today makes it more dangerous than ever. THC, a psychoactive ingredient in marijuana, is fat-soluble, and its accumulation in the body has many adverse biological effects. Cocaine can cause death and is one of the most addictive drugs known. It takes less alcohol to produce impairment in youths than in adults.

Demand material that sets positive standards of behavior for children. The message conveyed must be an expectation that children can say no to drugs. The publication and its message must provide the information and must support family involvement to reinforce the child’s courage to stay drug free.

A fuller discussion of curriculum selection is offered in *Drug Prevention Curricula: A Guide to Selection and Implementation*. The guide is published by the U.S. Department of Education and is available from the National Clearinghouse for Alcohol and Drug Information, Box 2345 Rockville MD 20852.

Enlisting the Community's Help

Recommendation #8:

Reach out to the community for support and assistance in making the school's anti-drug policy and program work. Develop collaborative arrangements in which school personnel, parents, school boards, law enforcement officers, treatment organizations, and private groups can work together to provide necessary resources.

School officials should recognize that they cannot solve the drug problem by themselves. They need to enlist the community's support for their efforts by taking the following actions:

- Increase community understanding of the problem through meetings, media coverage, and education programs.
- Build public support for the policy; develop agreement on the goals of a school drug policy, including prevention and enforcement goals.
- Educate the community about the effects and extent of the drug problem.
- Strengthen contacts with law enforcement agencies through discussions about the school's specific drug problems and ways they can assist in drug education and enforcement.
- Call on local professionals, such as physicians and pharmacists, to share their expertise on drug abuse as class lecturers.
- Mobilize the resources of community groups and local businesses to support the program.

Legal Questions on Search and Seizure

In 1985, the Supreme Court for the first time analyzed the application in the public school setting of the Fourth Amendment prohibition of unreasonable searches and seizures. The Court sought to craft a rule that would balance the need of school authorities to maintain order and the privacy rights of students. The questions in this section summarize the decisions of the Supreme Court and of lower Federal courts. School officials should consult with legal counsel in formulating their policies.

What legal standard applies to school officials who search students and their possessions for drugs?

The Supreme Court has held that school officials may institute a search if there are “reasonable grounds” to believe that the search will reveal evidence that the student has violated or is violating either the law or the rules of the school.

Do school officials need a search warrant to conduct a search for drugs?

No, not if they are carrying out the search independent of the police and other law enforcement officials. A more stringent legal standard may apply if law enforcement officials are involved in the search.

How extensive can a search be?

The scope of the permissible search will depend on whether the measures used during the search are reasonably related to the purpose of the search and are not excessively intrusive in light of the age and sex of the student being searched. The more intrusive the search, the greater the justification that will be required by the courts.

Do school officials have to stop a search when they find the object of the search?

Not necessarily. If a search reveals items suggesting the presence of other evidence of crime or misconduct, the school official may continue the search. For example, if a teacher is justifiably searching a student’s purse for cigarettes and finds rolling papers, it will be reasonable (subject to any local policy to the contrary) for the teacher to search the rest of the purse for evidence of drugs.

Can school officials search student lockers?

Reasonable grounds to believe that a particular student locker contains evidence of a violation of the law or school rules will generally justify a search of that locker. In addition, some courts have upheld written school policies that authorize school officials to inspect student lockers at any time.

(For a more detailed discussion of legal issues, see pages 50-60).

Legal Questions on Suspension and Expulsion

The following questions and answers briefly describe several Federal requirements that apply to the use of suspension and expulsion as disciplinary tools in public schools. These may not reflect all laws, policies, and judicial precedents applicable to any given school district. School officials should consult with legal counsel to determine the application of these laws in their schools and to ensure compliance with all legal requirements.

What Federal procedural requirements apply to suspension or expulsion?

- The Supreme Court has held that students facing suspension or expulsion from school are entitled under the U.S. Constitution to the basic due process protections of notice and an opportunity to be heard. The nature and formality of the “hearing” to be provided depend on the severity of the sanction being imposed.
- A formal hearing is not required when a school seeks to suspend a student for 10 days or less. Due process in that situation requires only that:
 - the school inform the student, either orally or in writing, of the charges and of the evidence to support those charges.
 - the school give the student an opportunity to deny the charges and present his or her side of the story.
 - as a general rule, the notice to the student and a rudimentary hearing should precede a suspension unless a student’s presence poses a continuing danger to persons or property or threatens to disrupt the academic process. In such cases, the notice and rudimentary hearing should follow as soon as possible after the student’s removal.
- More formal procedures may be required for suspensions longer than 10 days and for expulsions. In addition, Federal law and regulations establish special rules governing suspensions and expulsions of students with disabilities.
- States and local school districts may require additional procedures.

Can students be suspended or expelled from school for use, possession, or sale of drugs?

Generally, yes. A school may suspend or expel students in accordance with the terms of its discipline policy. A school policy may provide for penalties of varying severity, including suspension or expulsion, to respond to drug-related offenses. It is helpful to be explicit about the types of offenses that will be punished and about the penalties that may be imposed for particular types of offenses (e.g., use, possession, or sale of drugs). Generally, State and local law will determine the range of sanctions permitted.

(For a more detailed discussion of legal issues, see pages 50-60.)

WHAT STUDENTS CAN DO

- ☐ Learn about the effects of drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs.
- ☐ Use an understanding of the danger posed by drugs to help other students avoid them. Encourage other students to resist drugs, persuade those using drugs to seek help, and report those selling drugs to parents and the school principal.

Learning the Facts

Recommendation #9:

Learn about the effects of alcohol and other drug use, the reasons why drugs are harmful, and ways to resist pressures to try drugs. Students can arm themselves with the knowledge to resist drug use in the following ways:

- Learning about the effects and risks of drugs.
- Learning the symptoms of drug use and the names of organizations and individuals available to help when friends or family members are in trouble.
- Understanding the pressures to use drugs and ways to counteract them.
- Knowing the school rules on drugs and ways to help make the school policy work.
- Knowing the school procedures for reporting drug offenses.
- Knowing the laws on drug use and the penalties—for example, for driving under the influence of alcohol or other drugs—and understanding how the laws protect individuals and society.
- Developing skill in communicating their opposition to drugs and their resolve to avoid drug use.

R.H. Watkins High School of Jones County, Mississippi, has developed this pledge setting forth the duties and responsibilities of student counselors in its peer counseling program.

Responsibility Pledge for a Peer Counselor R.H. Watkins High School

As a drug education peer counselor you have the opportunity to help the youth of our community develop to their full potential without the interference of illegal drug use. It is a responsibility you must not take lightly. Therefore, please read the following responsibilities you will be expected to fulfill next school year and discuss them with your parents or guardians.

Responsibilities of a Peer Counselor

- Understand and be able to clearly state your beliefs and attitudes about drug use among teens and adults.
- Remain drug free.
- Maintain an average of C or better in all classes.
- Maintain a citizenship average of B or better.
- Participate in some club or extracurricular activity that emphasizes the positive side of school life.
- Successfully complete training for the program, including, for example, units on the identification and symptoms of drug abuse, history and reasons for drug abuse, and the legal/economic aspects of drug abuse.
- Successfully present monthly programs on drug abuse in each of the elementary and junior high schools of the Laurel City school system, and to community groups, churches, and statewide groups as needed.
- Participate in rap sessions or individual counseling sessions with Laurel City school students.
- Attend at least one Jones County Drug Council meeting per year, attend the annual Drug Council Awards Banquet, work in the Drug Council Fair exhibit and in any Drug Council workshops, if needed.
- Grades and credit for Drug Education will be awarded on successful completion of and participation in all the above-stated activities.

Student's Signature

Parent's or Guardian's Signature

Helping to Fight Drug Use

Recommendation #10:

Use an understanding of the danger posed by alcohol and other drugs to help other students avoid them. Encourage other students to resist drugs, persuade those using drugs to seek help, and report those selling drugs to parents and the school principal.

Although students are the primary victims of drug use in the schools, drug use cannot be stopped or prevented unless students actively participate in this effort.

Students can help fight alcohol and other drug use in the following ways:

- Participating in discussions about the extent of the problem at their own school.
- Supporting a strong school anti-drug policy and firm, consistent enforcement of rules.
- Setting a positive example for fellow students and speaking forcefully against drug use.
- Teaching other students, particularly younger ones, about the harmful effects of drugs.
- Encouraging their parents to join with other parents to promote a drug-free environment outside school. Some successful parent groups have been started as a result of the pressure of a son or daughter who was concerned about drugs.
- Becoming actively involved in efforts to inform the community about the drug problem.
- Joining in or starting a club or other activity to create positive, challenging ways for young people to have fun without alcohol and other drugs. Obtaining adult sponsorship for the group and publicizing its activities.
- Encouraging friends who have a drug problem to seek help and reporting persons selling drugs to parents and the principal.

WHAT COMMUNITIES CAN DO

- ☐ Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.
- ☐ Involve local law enforcement agencies in all aspects of drug prevention: assessment, enforcement, and education. The police and courts should have well-established relationships with the schools.

Providing Support

Recommendation #11:

Help schools fight drugs by providing them with the expertise and financial resources of community groups and agencies.

Law enforcement agencies and the courts can take the following actions:

- Provide volunteers to speak in the schools about the legal ramifications of alcohol and other drug use. Officers can encourage students to cooperate with them to stop drug use.
- Meet with school officials to discuss alcohol and other drug use in the school, share information on the drug problem outside the school, and help school officials in their investigations.

Social service and health agencies can take the following actions:

- Provide volunteers to speak in the school about the effects of drugs.
- Meet with parents to discuss symptoms of drug use and to inform them about counseling resources.
- Provide the schools with health professionals to evaluate students who may be potential drug users.
- Provide referrals to local treatment programs for students who are using drugs.
- Establish and conduct drug counseling and support groups for students.

Business leaders can take the following actions:

- Speak in the schools about the effects of alcohol and other drug use on employment.
- Provide incentives for students who participate in drug prevention programs and lead drug-free lives.
- Help schools obtain curriculum materials for their drug prevention program.
- Sponsor drug-free activities for young people.

Parent groups can take the following actions:

- Mobilize others through informal discussions, door-to-door canvassing, and school meetings to ensure that students get a consistent no-drug message at home, at school, and in the community.
- Contribute volunteers to chaperone student parties and other activities.

Print and broadcast media can take the following actions:

- Educate the community about the nature of the drug problem in their schools.
- Publicize school efforts to combat the problem.

Project DARE

Los Angeles, California

A collaborative effort begun in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District, Project DARE (Drug Abuse Resistance Education) uses uniformed law enforcement officers in classrooms as regular instructors. DARE officers use a drug curriculum that teaches students resistance to peer pressure to use drugs, self-management skills, and alternatives to drug use.

DARE reaches all Los Angeles Unified School District students from kindergarten through junior high school. DARE has also spread outside Los Angeles—police officers from 48 States and 1100 police agencies have received DARE training. The DARE program is also being used by the Department of Defense Dependents' Schools (military police serve as instructors) and at Bureau of Indian Affairs Schools (BIA police officers serve as instructors).

In addition to providing classroom instruction, the program arranges teacher orientation, officer-student interaction (on playgrounds and in cafeterias, for example), and a parent education evening at which DARE officers explain the program to parents and provide information about symptoms of drug use and ways to increase family communication.

Studies have shown that DARE has improved students' attitudes about themselves, increased their sense of responsibility for themselves and to police, and strengthened their resistance to drugs. For example, before the DARE program began, 51 percent of fifth grade students equated drug use with having more friends. After training, only 8 percent reported this attitude.

DARE's parent program has also changed attitudes. Before DARE training, 61 percent of parents thought that there was nothing parents could do about their children's use of drugs; only 5 percent reported this opinion after the program. Before DARE training, 32 percent of parents thought that it was all right for children to drink alcohol at a party as long as adults were present. After DARE, no parents reported such a view.

Involving Law Enforcement

Recommendation #12:

Involve local law enforcement agencies in all aspects of drug prevention: assessment, enforcement, and education. The police and courts should have well-established relationships with the schools.

Community groups can take the following actions:

- Support school officials who take a strong position against alcohol and other drug use.
- Support State and local policies to keep drugs and drug paraphernalia away from schoolchildren.
- Build a community consensus in favor of strong penalties for persons convicted of selling drugs, particularly for adults who have sold drugs to children.
- Encourage programs to provide treatment to juvenile first-offenders while maintaining tough penalties for repeat offenders and drug sellers.

Law enforcement agencies, in cooperation with schools, can take the following actions:

- Establish the procedures each will follow in school drug cases.
- Provide expert personnel to participate in prevention activities from kindergarten through grade 12.
- Secure areas around schools and see that the sale and use of drugs are stopped.
- Provide advice and personnel to help improve security in the school or on school premises.

Lincoln Junior High Washington, D.C.

Abraham Lincoln Junior High is a modern school located in an inner-city neighborhood. Its ethnically diverse student body has 700 students, representing more than 30 countries. The student population is 51 percent black and 43 percent Hispanic. Many of the students coming to Lincoln for the first time are newly arrived immigrants from war-torn countries.

Many of these newly arrived students are eager for acceptance by their new peers and just as eager to adjust to American culture. Teachers are keenly aware of the students' desire to fit in and realize that it is important to let these children know that the majority of American children do not use drugs nor is drug use an accepted behavior. This is not an easy task for the teachers to accomplish since the rampant drug activity going on in their neighborhood may suggest otherwise.

Lincoln's faculty-sponsored clubs are an important way teachers support what they want the drug education program to accomplish. To participate in any club, members must pledge to be drug free. Two clubs are designed to develop confidence and reinforce social and citizenship skills. Other clubs target special interests such as the Lincoln Chess Club and LatiNegro, a student arts group. A summer Substance Abuse Prevention Education Camp involves nearly 100 students in activities ranging from volley ball to dance to field trips.

The staff also encourages students to help each other. The Peer Helper Club, whose members are trained in substance abuse prevention and leadership skills, publishes a handbook dispensing advice and a magazine, *Cuidando Nuestra Juventud (Taking Care of Our Youth)*, to which the entire student body can contribute.

Another innovative way the school gets its message across is by having the Student Response Team (SRT). This team is comprised of ninth graders trained to become mediators. They advertise their services within the school and get referrals from students and teachers. Students who use the services of the SRT must agree in advance to abide by the result of the mediation process or be expelled from school. Mediators meet with students in conflict at lunch or are called from class if the matter is urgent. This multiracial team has been effective in reducing violence and convincing peers that they don't have to go to the streets to settle disputes.

Drugs threaten our children's lives, disrupt our schools, shatter families, and, in some areas, shatter communities. Drug-related crimes overwhelm our courts, social agencies, and police. This situation need not and must not continue.

Across the United States, schools and communities have found ways to turn the tide in the battle against drugs. The methods they have used and the actions they have taken are described in this volume. We know what works. We know that drug use can be stopped.

But we cannot expect the schools to do the job without the help of parents, police, the courts, and other community groups. Drugs will be beaten only when all of us work together to deliver a firm, consistent message to those who would use or sell drugs: a message that illegal drugs will not be tolerated. It is time to join in a national effort to achieve schools without drugs.

SPECIAL SECTIONS

	Page
Teaching About Drug Prevention	44
How the Law Can Help	50
Specific Drugs and Their Effects	61
Sources of Information	72
References	81

TEACHING ABOUT DRUG PREVENTION

Teaching About Drug Prevention: Sample Topics and Learning Activities

An effective drug prevention curriculum covers a broad set of education objectives which are outlined in greater detail in the Department of Education's handbook *Drug Prevention Curricula: A Guide to Selection and Implementation*. This section presents a model program for consideration by State and local school authorities who have the responsibility to design a curriculum that meets local needs and priorities. The program consists of four objectives plus sample topics and learning activities.

OBJECTIVE #1: To value and maintain sound personal health; to understand how drugs affect health.

An effective drug prevention education program instills respect for a healthy body and mind and imparts knowledge of how the body functions, how personal habits contribute to good health, and how drugs affect the body.

At the early elementary level, children learn how to care for their bodies. Knowledge about habits, medicine, and poisons lays the foundation for learning about drugs. Older children begin to learn about the drug problem and study those drugs to which they are most likely to be exposed. The curriculum for secondary school students is increasingly drug specific as students learn about the effects of drugs on their bodies and on adolescent maturation. Health consequences of drug use, including transmission of AIDS, are emphasized.

Sample topics for elementary school:

- The roles of nutrition, medicine, and health care professionals in preventing and treating disease.
- The difficulties of recognizing which substances are safe to eat, drink, or touch; ways to learn whether a substance is safe: by consulting with an adult and by reading labels.
- The effects of poisons on the body; the effects of medicine on body chemistry: the wrong drug may make a person ill.
- The nature of habits: their conscious and unconscious development.

Sample topics for secondary school:

- Stress: how the body responds to stress; how drugs increase stress.
- The chemical properties of drugs.
- The effects of drugs on the circulatory, digestive, nervous, reproductive, and respiratory systems. The effects of drugs on adolescent development.
- Patterns of substance abuse: the progressive effects of drugs on the body and mind.

- What is addiction?
- How to get help for a drug or alcohol problem.

Children tend to be oriented toward the present and are likely to feel invulnerable to the long-term effects of alcohol and other drugs. For this reason, they should be taught about the short-term effects of drug use (impact on appearance, alertness, and coordination) as well as about the cumulative effects.

Sample learning activities for elementary school:

- Make a coloring book depicting various substances. Color only those items that are safe to eat.
- Use puppets to dramatize what can happen when drugs are used.
- Write stories about what to do if a stranger offers candy, pills, or a ride. Discuss options in class.
- Try, for a time, to break a bad habit. The teacher emphasizes that it is easier not to start a bad habit than to break one.

Sample learning activities for secondary school:

- Discuss the properties of alcohol and other drugs with community experts: physicians, scientists, pharmacists, or law enforcement officers.
- Interview social workers in drug treatment centers. Visit an open meeting of Alcoholics Anonymous or Narcotics Anonymous. These activities should be open only to mature students; careful preparation and debriefing are essential.
- Research the drug problem at school, in the community, or in the sports and entertainment fields.
- Design a true-false survey about drug myths and facts; conduct the survey with classmates and analyze the results.
- Develop an accessible lending library on drugs, well stocked with up-to-date and carefully chosen materials.

When an expert visits a class, both the class and the expert should be prepared in advance. Students should learn about the expert's profession and prepare questions to ask during the visit. The expert should know what the objectives of the session are and how the session fits into previous and subsequent learning. The expert should participate in a discussion or classroom activity, not simply appear as a speaker.

OBJECTIVE #2: To respect laws and rules prohibiting drugs.

The program teaches children to respect rules and laws as the embodiment of social values and as tools for protecting individuals and society. It provides specific instruction about laws concerning drugs.

Students in the early grades learn to identify rules and to understand their importance, while older students learn about the school drug code and laws regulating drugs.

Sample topics for elementary school:

- What rules are and what would happen without them.
- What values are and why they should guide behavior.
- What responsible behavior is.
- Why it is wrong to take drugs.

Sample topics for secondary school:

- Student responsibilities in promoting a drug-free school.
- Local, State, and Federal laws on controlled substances; why these laws exist and how they are enforced.
- Legal consequences of drug use; penalties for driving under the influence of alcohol or drugs; the relationship between drugs and other crimes.
- Personal and societal costs of drug use.

Sample learning activities for elementary school:

- Use stories and pictures to identify rules and laws in everyday life (e.g., lining up for recess).
- Imagine how to get to school in the absence of traffic laws; try to play a game that has no rules.
- Name some things that are important to adults and then list rules they have made about these things. (This activity helps explain values.)
- Solve a simple problem (e.g., my sister hits me, or my math grades are low). Discuss which solutions are best and why.
- Discuss school drug policies with the principal and other staff members. Learn how students can help make the policy work better.
- Explain the connection between drug users, drug dealers, and drug traffickers and law enforcement officers whose lives are placed at risk or lost in their efforts to stop the drug trade.

Sample learning activities for secondary school:

- Resolve hypothetical school situations involving drug use. Analyze the consequences for the school, other students, and the individuals involved.
- Collect information about accidents, crimes, and other problems related to alcohol and other drugs. Analyze how the problem might have been prevented and how the incident affected the individuals involved.

- Conduct research projects. Interview members of the community such as attorneys, judges, police officers, State highway patrol officers, and insurance agents about the effects of alcohol and other drug use on the daily lives of teenagers and their families.
- Draft a legislative petition proposing enactment of a State law on drug use. Participate in a mock trial or legislative session patterned after an actual trial or debate. Through these activities, students learn to develop arguments on behalf of drug laws and their enforcement.

OBJECTIVE #3: To recognize and resist pressures to use drugs.

Social influences play a key role in encouraging children to try alcohol and other drugs. Pressures to use drugs come from internal sources, such as a child's desire to feel included in a group or to demonstrate independence, and external influences, such as the opinions and example of friends, older children and adults, and media messages.

Students must learn to identify these pressures. They must then learn how to counteract messages to use drugs and gain practice in saying no. The education program emphasizes influences on behavior, responsible decision making, and techniques for resisting pressures to use drugs.

Sample topics for elementary through high school:

- The influence of popular culture on behavior.
- The influence of peers, parents, and other important individuals on a student's behavior; ways in which the need to feel accepted by others influences behavior.
- Ways to make responsible decisions and to deal constructively with disagreeable moments and pressures.
- Reasons for not taking drugs.
- Situations in which students may be pressured into using alcohol and other drugs.
- Ways of resisting pressure to use drugs.
- Effects of drug use on family and friends, and benefits of resisting pressure to use drugs.

Sample learning activities for elementary through high school:

- Describe recent personal decisions. In small groups, discuss what considerations influenced the decision (e.g., opinions of family or friends, beliefs, desire to be popular) and analyze choices and consequences.
- Examine ads for cigarettes, over-the-counter drugs, and alcohol, deciding what images are being projected and whether the ads are accurate.
- Read stories about famous people who held to their beliefs in the face of opposition. Students can discuss how these people withstood the pressure and what they accomplished.

- Give reasons for not taking drugs. Discuss with a health educator or drug counselor the false arguments for using drugs. Develop counterarguments in response to typical messages or pressures on behalf of drug use.
- Given a scenario depicting pressure to use drugs, act out ways of resisting (simply refusing, giving a reason, leaving the scene, etc.). Students should then practice these techniques repeatedly. Demonstrate ways of resisting pressures, using older students specially trained as peer teachers.
- Present scenarios involving drug-related problems (e.g., learning that another student is selling drugs, learning that a sibling is using drugs, or being offered a drive home by a friend under the influence of drugs). Students practice what they would do and discuss to whom they would turn for help. Teachers should discuss and evaluate the appropriateness of student responses.
- Discuss how it feels to resist pressures to take drugs. Hold a poster contest to depict the benefits derived both from not using and from saying no (e.g., being in control, increased respect from others, self-confidence).

OBJECTIVE #4: To promote activities that reinforce the positive, drug-free elements of student life.

School activities that provide opportunities for students to have fun without alcohol and other drugs, and to contribute to the school community, build momentum for peer pressure not to use drugs. These school activities also nurture positive examples by giving older students opportunities for leadership related to drug prevention.

Sample activities:

- Make participation in school activities dependent on an agreement not to use alcohol and other drugs.
- Ensure that alcohol and other drugs will not be available at school-sponsored activities or parties. Plan these events carefully to be certain that students have attractive alternatives to drug use.
- Give students opportunities for leadership. They can be trained to serve as peer leaders in drug prevention programs, write plays, or design posters for younger students. Activities such as these provide youthful role models who demonstrate the importance of not using drugs. Youth training programs are available that prepare students to assist in drug education and provide information on how to form drug-free youth groups.
- Form action teams for school improvement with membership limited to students who are drug free. These action teams campaign against drug use, design special drug-free events, conduct and follow up on surveys of school needs, help teachers with paperwork, tutor other

students, or improve the appearance of the school. Through these activities, students develop a stake in their school, have the opportunity to serve others, and have positive reasons to reject drug use.

- Survey community resources that offer help for alcohol or other drug problems or ways to cope with drug use by a family member.
- Create a program in the school for support of students returning from treatment.

HOW THE LAW CAN HELP

Federal law accords school officials broad authority to regulate student conduct and supports reasonable and fair disciplinary action. In 1984, the Supreme Court reaffirmed that the constitutional rights of students in school are not “automatically coextensive with the rights of adults in other settings.”¹ Rather, recognizing that “in recent years . . . drug use and violent crime in the schools have become major social problems,” the Court has emphasized the importance of effective enforcement of school rules.² On the whole, a school “is allowed to determine the methods of student discipline and need not exercise its discretion with undue timidity.”³

An effective campaign against drug use requires a basic understanding of legal techniques for searching and seizing drugs and drug-related material, for suspending and expelling students involved with drugs, and for assisting law enforcement officials in the prosecution of drug offenders. Such knowledge will help schools identify and penalize students who use or sell drugs at school and enable school officials to uncover the evidence needed to support prosecutions under Federal and State criminal laws that contain strong penalties for drug use and sale. In many cases, school officials can be instrumental in successful prosecutions.

In addition to the general Federal statutes that make it a crime to possess or distribute a controlled substance, there are special Federal laws designed to protect children and schools from drugs:

- An important part of the Controlled Substances Act makes it a *Federal crime to sell drugs in or near a public or private elementary, secondary, vocational, or postsecondary school*. Under this “schoolhouse” law, sales within 1,000 feet of a school are punishable by up to *double* the sentence that would apply if the sale occurred elsewhere. Even more serious punishments are available for repeat offenders.⁴
- *Distribution or sale to minors* of controlled substances is also a *Federal crime*. When anyone age 18 or over sells drugs to anyone under 21, the seller runs the risk that he or she will receive up to *double* the sentence that would apply to a sale to an adult. Here too, more serious penalties can be imposed on repeat offenders.⁵

By working with Federal and State prosecutors in their area, schools can help to ensure that these laws and others are used to make children and schools off-limits to drugs.

The following pages describe in general terms the Federal laws applicable to the development of an effective school drug policy. This section is not a compendium of all laws that may apply to a school district, and it is not intended to provide legal advice on all issues that may arise. School officials must recognize that many legal issues in the school context are also governed, in whole or in part, by State and

local laws, which, given their diversity, cannot be covered here. Advice should be sought from legal counsel in order to understand the applicable laws and to ensure that the school's policies and actions make full use of the available methods of enforcement.

Most private schools, particularly those that receive little or no financial assistance from public sources and are not associated with a public entity, enjoy a greater degree of legal flexibility with respect to combating the sale and use of illegal drugs. Depending on the terms of their contracts with enrolled students, such schools may be largely free of the restrictions that normally apply to drug searches or the suspension or expulsion of student drug users. Private school officials should consult legal counsel to determine what enforcement measures may be available to them.

School procedures should reflect the available legal means for combating drug use. These procedures should be known to and understood by school administrators and teachers as well as by students, parents, and law enforcement officials. Everyone should be aware that school authorities have broad power within the law to take full, appropriate, and effective action against drug offenders. Additional sources of information on legal issues in school drug policy are listed at the end of this handbook.

SEARCHING FOR DRUGS WITHIN THE SCHOOL

In some circumstances, the most important tool for controlling drug use is an effective program of drug searches. School administrators should not condone the presence of drugs *anywhere* on school property. The presence of any drugs or drug-related materials in school can mean only one thing—that drugs are being used or distributed in school. Schools committed to fighting drugs should do everything they can to determine whether school grounds are being used to facilitate the possession, use, or distribution of drugs, and to prevent such crimes.

To institute an effective drug search policy in schools with a substantial problem, school officials can take several steps. First, they can identify the specific areas in the school where drugs are likely to be found or used. Student lockers, bathrooms, and “smoking areas” are obvious candidates. Second, school administrators can clearly announce in writing at the beginning of the school year that these areas will be subject to unannounced searches and that students should consider such areas “public” rather than “private.” The more clearly a school specifies that these portions of the school's property are public, the less likely it is that a court will conclude that students retain any reasonable expectation of privacy in these places and the less justification will be needed to search such locations.

School officials should therefore formulate and disseminate to all students and staff a written policy that will permit an effective program of drug searches. Courts have usually upheld locker searches where schools have established written policies under which the school retains joint control over student lockers, maintains duplicate or master keys for all lockers, and reserves the right to inspect lockers at any time.⁶ Although these practices have not become established law in every part of the country, it will be easier to justify locker searches in schools that have such policies. Moreover, the mere existence of such policies can have a salutary effect. If students know that their lockers may be searched, drug users will find it much more difficult to obtain drugs in school.

The effectiveness of such searches may be improved with the use of specially trained dogs. Courts have generally held that the use of dogs to detect drugs on or in objects such as lockers, ventilators, or desk, as opposed to persons is not a "search" within the meaning of the Fourth Amendment.⁷ Accordingly, school administrators are generally justified in using dogs in this way

It is important to remember that any illicit drugs and drug-related items discovered at school are evidence that may be used in a criminal trial. School officials should be careful, first, to protect the evidentiary integrity of such seizures by making sure that the items are obtained in permissible searches, because unlawfully acquired evidence will not be admissible in criminal proceedings. Second, school officials should work closely with local law enforcement officials to preserve, in writing, the nature and circumstances of any seizure of drug contraband. In a criminal prosecution, the State must prove that the items produced as evidence in court are the same items that were seized from the suspect. Thus, the State must establish a "chain of custody" over the seized items which accounts for the possession of the evidence from the moment of its seizure to the moment it is introduced in court. School policy regarding the disposition of drug-related items should include procedures for the custody and safekeeping of drugs and drug-related materials prior to their removal by the police and procedures for recording the circumstances regarding the seizure.

Searching Students

In some circumstances, teachers or other school personnel will wish to search a student whom they believe to be in possession of drugs. The Supreme Court has stated that searches may be carried out according to "the dictates of reason and common sense."⁸ The Court has recognized that the need of school authorities to maintain order justifies searches that might otherwise be unreasonable if undertaken by police officers or in the larger community. Thus the Court has held that school officials,

unlike the police, do not need “probable cause” to conduct a search. Nor do they need a search warrant.⁹

Under the Supreme Court’s ruling:

- School officials may institute a search if there are “reasonable grounds” to believe that the search will reveal evidence that the student has violated or is violating either the law or the rules of the school.
- The extent of the permissible search will depend on whether the measures used are reasonably related to the purpose of the search and are not excessively intrusive in light of the age and sex of the student.
- School officials are not required to obtain search warrants when they carry out searches independent of the police and other law enforcement officials. A more stringent legal standard may apply if law enforcement officials are involved in the search.

Interpretation of “Reasonable Grounds”

Lower courts are beginning to interpret and apply the “reasonable grounds” standard in the school setting. From these cases it appears that courts will require more than general suspicion, curiosity, rumor, or a hunch to justify searching students or their possessions. Factors that will help sustain a search include the observation of specific and describable behavior or activities leading one reasonably to believe that a given student is engaging in or has engaged in prohibited conduct. The more specific the evidence in support of searching a particular student, the more likely the search will be upheld. For example, courts using a “reasonable grounds” (or similar) standard have upheld the right of school officials to search the following:

- A student’s purse, after a teacher saw her smoking in a restroom and the student denied having smoked or being a smoker.¹⁰
- A student’s purse, after several other students said that she had been distributing firecrackers.¹¹
- A student’s pockets, based on a phone tip about drugs from an anonymous source believed to have previously provided accurate information.¹²

Scope of Permissible Search

School officials are authorized to conduct searches within reasonable limits. The Supreme Court has described two aspects of these limits. First, when officials conduct a search, they must use only measures that are reasonably related to the purpose of the search; second, the search may not be excessively intrusive in light of the age or sex of the student.

For example, if a teacher believes he or she has seen one student passing a marijuana cigarette to another student, the teacher might reasonably search the students and any nearby belongings in which the students might have tried to hide the drug. If it turns out that what the teacher saw was a stick of gum, the teacher would have no justification for any further search for drugs.

The more intrusive the search, the greater the justification that will be required by the courts. A search of a student's jacket or bookbag can often be justified as reasonable. At the other end of the spectrum, strip searches are considered a highly intrusive invasion of individual privacy and are viewed with disfavor by the courts (although even these searches have been upheld in certain extraordinary circumstances).

School officials do not necessarily have to stop a search if they find what they are looking for. If the search of a student reveals items that create reasonable grounds for suspecting that the student may also possess other evidence of crime or misconduct, the school officials may continue the search. For example, if a teacher justifiably searches a student's purse for cigarettes and finds rolling papers like those used for marijuana cigarettes, it will then be reasonable for the teacher to search the rest of the purse for other evidence of drugs.

Consent

If a student consents to a search, the search is permissible, regardless of whether there would otherwise be reasonable grounds for the search. To render such a search valid, however, the student must give consent knowingly and voluntarily.

Establishing whether the student's consent was voluntary can be difficult, and the burden is on the school officials to prove voluntary consent. If a student agrees to be searched out of fear or as a result of other coercion, that consent will probably be found invalid. Similarly, if school officials indicate that a student must agree to a search or if the student is very young or otherwise unaware that he or she has the right to object, the student's consent will also be held invalid. School officials may find it helpful to explain to students that they do not have to consent to a search. In some cases, standard consent forms may be useful.

If a student is asked to consent to a search and refuses, that refusal does not mean that the search may not be conducted. Rather, in the absence of consent, school officials retain the authority to conduct a search when there are reasonable grounds to justify it, as described previously.

Special Types of Student Searches

Schools with severe drug problems may occasionally wish to resort to more intrusive searches, such as the use of trained dogs or urinalysis, to

screen students for drug use. The Supreme Court has yet to address these issues. The following paragraphs explain the existing rulings on these subjects by other courts:

- *Specially trained dogs.* The few courts that have considered this issue disagree as to whether the use of a specially trained dog to detect drugs on students constitutes a search within the meaning of the Fourth Amendment. Some courts have held that a dog's sniffing of a student is a search, and that, in the school setting, individualized grounds for reasonable suspicion are required in order for such a "sniff-search" to be held constitutional.¹³ Under this standard, a blanket search of a school's entire student population by specially trained dogs would be prohibited.

At least one other court has held that the use of trained dogs does not constitute a search, and has permitted the use of such dogs without individualized grounds for suspicion.¹⁴ Another factor that courts may consider is the way that the dogs detect the presence of drugs. In some instances, the dogs are merely led down hallways or classroom aisles. In contrast, having the dogs actually touch parts of the students' bodies is more intrusive and would probably require specific justification.

Courts have generally held that the use of specially trained dogs to detect drugs on objects, as opposed to persons, is not a search within the meaning of the Fourth Amendment. Therefore, school officials may often be able to use dogs to inspect student lockers and school property.¹⁵

- *Drug testing.* The use of urinalysis or other tests to screen students for drugs is a relatively new phenomenon and the law in this area is still evolving. Few courts have considered the use of urinalysis to screen public school students for drugs, and those courts that have done so have reached mixed results.¹⁶ The permissibility of drug testing of students has not yet been determined under all circumstances, although drug testing of adults has been upheld in some settings.

SUSPENSION AND EXPULSION

A school policy may lawfully provide for penalties of varying severity, including suspension and expulsion, to respond to drug-related offenses. The Supreme Court has held that because schools "need to be able to impose disciplinary sanctions for a wide range of unanticipated conduct disruptive of the educational process," a school's disciplinary rules need not be so detailed as a criminal code.¹⁷ Nonetheless, it is helpful for school policies to be explicit about the types of offenses that will be punished and about the penalties that may be imposed for each

of these (e.g., use, possession, or sale of drugs). State and local law will usually determine the range of sanctions that is permissible. In general, courts will require only that the penalty imposed for drug-related misconduct be rationally related to the severity of the offense.

School officials should not forget that they have jurisdiction to impose punishment for some drug-related offenses that occur off-campus. Depending on State and local laws, schools are often able to punish conduct at off-campus, school-sponsored events as well as off-campus conduct that has a direct and immediate effect on school activities.

Procedural Guidelines

Students facing suspension or expulsion from school are entitled under the U.S. Constitution and most State constitutions to commonsense due process protections of notice and an opportunity to be heard. Because the Supreme Court has recognized that a school's ability to maintain order would be impeded if formal procedures were required every time school authorities sought to discipline a student, the Court has held that the nature and formality of the "hearing" will depend on the severity of the sanction being imposed.

A formal hearing is not required when a school seeks to suspend a student for 10 days or less.¹⁸ The Supreme Court has held that due process in that situation requires only that:

- The school must inform the student, either orally or in writing, of the charges against him or her and of the evidence to support those charges.
- The school must give the student an opportunity to deny the charges and present his or her side of the story.
- As a general rule, this notice and rudimentary hearing should precede a suspension. However, a student whose presence poses a continuing danger to persons or property or an ongoing threat of disrupting the academic process may be immediately removed from school. In such a situation, the notice and rudimentary hearing should follow as soon as possible.

The Supreme Court has also stated that more formal procedures may be required for suspensions longer than 10 days and for expulsions. Although the Court has not established specific procedures to be followed in those situations, other Federal courts have set the following guidelines for expulsions.¹⁹ These guidelines would apply to suspensions longer than 10 days as well:

- The student must be notified in writing of the specific charges against him or her which, if proven, would justify expulsion.

- The student should be given the names of the witnesses against him or her and an oral or written report on the facts to which each witness will testify.
- The student should be given the opportunity to present a defense against the charges and to produce witnesses or testimony on his or her behalf.

Many States have laws governing the procedures required for suspensions and expulsions. Because applicable statutes and judicial rulings vary across the country, local school districts may enjoy a greater or lesser degree of flexibility in establishing procedures for suspensions and expulsions.

School officials must also be aware of the special procedures that apply to suspension or expulsion of students with disabilities under Federal law and regulations.²⁰

Effect of Criminal Proceedings Against a Student

A school may usually pursue disciplinary action against a student regardless of the status of any outside criminal prosecution. That is, Federal law does not require the school to await the outcome of the criminal prosecution before initiating proceedings to suspend or expel a student or to impose whatever other penalty is appropriate for the violation of the school's rules. In addition, a school is generally free under Federal law to discipline a student when there is evidence that the student has violated a school rule, even if a juvenile court has acquitted (or convicted) the student or if local authorities have declined to prosecute criminal charges stemming from the same incident. Schools may wish to discuss this subject with counsel.

Effect of Expulsion

State and local law will determine the effect of expelling a student from school. Some State laws require the provision of alternative schooling for students below a certain age. In other areas, expulsion may mean the removal from public schools for the balance of the school year or even the permanent denial of access to the public school system.

CONFIDENTIALITY OF EDUCATION RECORDS

To rid their schools of drugs, school officials will periodically need to report drug-related crimes to police and to help local law enforcement authorities detect and prosecute drug offenders. In doing so, schools will need to take steps to ensure compliance with Federal and State laws governing confidentiality of student records.

The Federal law that addresses this issue is the Family Educational Rights and Privacy Act (FERPA),²¹ which applies to any school that receives Federal funding and which limits the disclosure of certain information about students that is contained in education records.²² Under FERPA, disclosure of information in education records to individuals or entities other than parents, students, and school officials is permissible only in specified situations.²³ In many cases, unless the parents or an eligible student²⁴ provides written consent, FERPA will limit a school's ability to turn over education records or to disclose information from them to the police. Such disclosure is permitted, however, if (1) it is required by a court order or subpoena, or (2) it is warranted by a health and safety emergency. In the first of these two cases, reasonable efforts must be made to notify the student's parents before the disclosure is made. FERPA also permits disclosure if a State law enacted before November 19, 1974, specifically requires disclosure to State and local officials.

Schools should be aware, however, that because FERPA governs only the information in education records, it does not limit disclosure of other information. Thus, school employees are free to disclose any information of which they become aware through personal observation. For example, a teacher who witnesses a drug transaction may, when the police arrive, report what he or she witnessed. Similarly, evidence seized from a student during a search is not an education record and may be turned over to the police without constraint.

State laws and school policies may impose additional, and sometimes more restrictive, requirements regarding the disclosure of information about students. Because this area of the law is complicated, it is especially important that an attorney be involved in formulating school policy under FERPA and applicable State laws.

OTHER LEGAL ISSUES

Lawsuits Against Schools or School Officials

Disagreements between parents or students and school officials about disciplinary measures usually can be resolved informally. Occasionally, however, a school's decisions and activities relating to disciplinary matters are the subject of lawsuits by parents or students against administrators, teachers, and school systems. For these reasons, it is advisable that school districts obtain adequate insurance coverage for themselves and for *all* school personnel for liability arising from disciplinary actions.

Suits may be brought in Federal or State court; typically, they are based on a claim that a student's constitutional or statutory rights have been

violated. Frequently, these suits will seek to revoke the school district's imposition of some disciplinary measure, for example, by ordering the reinstatement of a student who has been expelled or suspended. Suits may also attempt to recover money damages from the school district or the employee involved, or both; however, court awards of money damages are extremely rare. Moreover, although there can be no guarantee of a given result in any particular case, courts in recent years have tended to discourage such litigation,

In general, disciplinary measures imposed reasonably and in accordance with established legal requirements will be upheld by the courts. As a rule, Federal judges will not substitute their interpretations of school rules or regulations for those of local school authorities or otherwise second-guess reasonable decisions by school officials.²⁵ In addition, school officials are entitled to a qualified good-faith immunity from personal liability for damages for having violated a student's Federal constitutional or civil rights.²⁶ When this immunity applies, it shields school officials from any personal liability for money damages. Thus, as a general matter, personal liability is very rare, because officials should not be held personally liable unless their actions are clearly unlawful, unreasonable, or arbitrary.

When a court does award damages, the award may be "compensatory" or "punitive." Compensatory damages are awarded to compensate the student for injuries actually suffered as a result of the violation of his or her rights and cannot be based upon the abstract "value" or "importance" of the constitutional rights in question.²⁷ The burden is on the student to prove that he or she suffered actual injury as a result of the deprivation. Thus, a student who is suspended, but not under the required procedures, will not be entitled to compensation if the student would have been suspended had a proper hearing been held. If the student cannot prove that the failure to hold a hearing itself caused him or her some compensable harm, then the student is entitled to no more than nominal damages, such as \$1.00.²⁸ "Punitive damages" are awarded to punish the perpetrator of the injury. Normally, punitive damages are awarded only when the conduct in question is malicious, unusually reckless, or otherwise reprehensible.

Parents and students can also claim that actions by a school or school officials have violated State law. For example, it can be asserted that a teacher "assaulted" a student in violation of a State criminal law. The procedures and standards in actions involving such violations are determined by each State. Some States provide a qualified immunity from tort liability under standards similar to the "good faith" immunity in Federal civil rights actions. Other States provide absolute immunity under their law for actions taken in the course of a school official's duties.

Nondiscrimination in Enforcement of Discipline

Federal law applicable to programs or activities receiving Federal financial assistance prohibits school officials who are administering discipline from discriminating against students on the basis of race, color, national origin, or sex. Schools should therefore administer their discipline policies evenhandedly, without regard to such considerations. Thus, as a general matter, students with similar disciplinary records who violate the same rule in the same way should be treated similarly. For example, if male and female students with no prior record of misbehavior are caught together smoking marijuana, it would not, in the absence of other relevant factors, be advisable for the school to suspend the male student for 10 days while imposing only an afternoon detention on the female student. Such divergent penalties for the same offense may be appropriate, however, if the student who received the harsher punishment had a history of misconduct or committed other infractions after this first confrontation with school authorities.

School officials should also be aware of and adhere to the special rules and procedures for the disciplining of students with disabilities under the Individuals with Disabilities Education Act, 20 U.S.C. § 1400-20 and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794.

(For legal citations, see Reference Section p. 84.)

RESOURCES

Specific Drugs and Their Effects

TOBACCO

Effects

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease—some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risks. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman/mother is a smoker.

Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking. Of 1,000 typical smokers, fewer than 20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the increased risk of heart attack dissipates after 10 years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

ALCOHOL

Effects

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

CANNABIS

Effects

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are “high.” Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Type	What is it called?	What does it look like?	How is it used?
Marijuana	Pot Grass Weed Reefer Dope Mary Jane Sinsemilla Acapulco gold Thai sticks	Dried parsley mixed with stems that may include seeds	Eaten Smoked
Tetrahydrocannabinol	THC	Soft gelatin capsules	Taken orally
Hashish	Hash	Brown or black cakes or balls	Eaten Smoked
Hashish oil	Hash oil	Concentrated syrupy liquid varying in color from clear to black	Smoked—mixed with tobacco

INHALANTS

Effects

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Type	What is it called?	What does it look like?	How is it used?
Nitrous Oxide	Laughing gas Whippets	Propellant for whipped cream in aerosol spray can Small 8-gram metal cylinder sold with a balloon or pipe (buzz bomb)	Vapors inhaled
Amyl Nitrite	Poppers Snappers	Clear yellowish liquid in ampules	Vapors inhaled
Butyl Nitrite	Rush Bolt Locker room Bullet Climax	Packaged in small bottles	Vapors inhaled
Chlorohydrocarbons	Aerosol sprays	Aerosol paint cans Containers of cleaning fluid	Vapors inhaled
Hydrocarbons	Solvents	Cans of aerosol propellants gasoline, glue, paint thinner	Vapors inhaled

COCAINE

Effects

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with contaminated equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by cardiac arrest or respiratory failure.

Type	What is it called?	What does it look like?	How is it used?
Cocaine	Coke Snow Flake White Blow Nose candy Big C Snowbirds Lady	White crystalline powder, often diluted with other ingredients	Inhaled through nasal passages
Crack	Freebase rocks Rock	Light brown or beige pellets—or crystalline rocks that resemble coagulated soap; often packaged in small vials	Smoked

OTHER STIMULANTS

Effects

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Type	What is it called?	What does it look like?	How is it used?
Amphetamines	Speed	Capsules	Taken orally
	Uppers	Pills	Injected
	Ups	Tablets	Inhaled through nasal passages
	Black beauties		
	Pep pills		
	Copilots		
	Bumblebees		
	Hearts		
	Benzedrine		
	Dexedrine		
	Footballs		
	Biphetamine		
Methamphetamines	Crank	White power	Taken orally
	Crystal meth	Pills	Injected
	Crystal methedrine	A rock that resembles a block of paraffin	Inhaled through nasal passages
	Speed		
Additional stimulants	Ritalin	Pills	Taken orally
	Cylert	Capsules	Injected
	Preludin	Tablets	
	Didrex		
	Pre-State		
	Voranil		
	Tenuate		
	Tepanil		
	Pondimin		
	Sandrex		
	Plegine		
	Ionamin		

DEPRESSANTS

Effects

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Type	What is it called?	What does it look like?	How is it used?
Barbiturates	Downers	Red, yellow, blue, or red and blue capsules	Taken orally
	Barbs		
	Blue devils		
	Red devils		
	Yellow jacket		
	Yellows		
	Nembutal		
	Seconal		
	Amytal		
	Tuinals		
Methaqualone	Quaaludes	Tablets	Taken orally
	Ludes		
	Sopors		
Tranquilizers	Valium	Tablets Capsules	Taken orally
	Librium		
	Equanil		
	Miltown		
	Serax		
	Tranxene		

HALLUCINOGENS

Effects

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders—depression, anxiety, and violent behavior—also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Type	What is it called?	What does it look like?	How is it used?
Phencyclidine	PCP Angel dust Loveboat Lovely Hog Killer weed	Liquid Capsules White crystalline powder Pills	Taken orally Injected Smoked—can be sprayed on cigarettes, parsley, and marijuana
Lysergic acid diethylamide	LSD Acid Green or red dragon White lightning Blue heaven Sugar cubes Microdot	Brightly colored tablets Impregnated blotter paper Thin squares of gelatin Clear liquid	Taken orally Licked off paper Gelatin and liquid can be put in the eyes
Mescaline and Peyote	Mesc Buttons Cactus	Hard brown discs Tablets Capsules	Discs—chewed, swallowed, or smoked Tablets and capsules—taken orally
Psilocybin	Magic mushrooms 'shrooms	Fresh or dried mushrooms	Chewed and swallowed

NARCOTICS

Effects

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Type	What is it called?	What does it look like?	How is it used?
Heroin	Smack Horse Brown sugar Junk Mud Big H Black Tar	Powder, white to dark brown Tarlike substance	Injected Inhaled through nasal passages Smoked
Methadone	Dolophine Methadose Amidone	Solution	Taken orally Injected
Codeine	Empirin compound with codeine Tylenol with codeine Codeine Codeine in cough medicines	Dark liquid varying in thickness Capsules Tablets	Taken orally Injected
Morphine	Pectoral syrup	White crystals Hypodermic tablets Injectable solutions	Injected Taken orally Smoked
Meperidine	Pethidine Demerol Mepergan	White powder Solution Tablets	Taken orally Injected
Opium	Paregoric Dover's powder Parepectolin	Dark brown chunks Powder	Smoked Eaten
Other narcotics	Percocet Percodan Tussionex Fentanyl Darvon Talwin Lomotil	Tablets Capsules Liquid	Taken orally Injected

DESIGNER DRUGS

Effects

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Type	What is it called?	What does it look like?	How is it used?
Analog of Fentanyl (Narcotic)	Synthetic Heroin China White	White powder identically resembling heroin	Inhaled through nasal passages Injected
Analog of Meperidine (Narcotic)	Synthetic Heroin MPTP (New Heroin MPPP	White powder	Inhaled through nasal passages Injected
Analog of Amphetamines and Methamphetamines (Hallucinogens)	MDMA (Ecstasy, XTC, Adam, Essence) MDM STP PMA 2, 5-DMA TMA DOM DOB EVE	White powder Tablets Capsules	Taken orally Injected Inhaled through nasal passages
Analog of Phencyclidine (PCP)	PCPy PCE	White powder	Taken orally Injected Smoked

ANABOLIC STEROIDS

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in the 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increases in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior known as "roid rage" and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

Signs of steroid use include quick weight and muscle gains (if steroids are being used in conjunction with a weight training program); behavioral changes, particularly increased aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; persistent unpleasant breath odor, and severe acne.

Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.

Sources of Information

The Department of Education does not endorse private or commercial products or services, or products or services not affiliated with the Federal Government. The sources of information listed on this and the following pages are intended only as a partial listing of the resources that are available to readers of this booklet. Readers are encouraged to research and inform themselves of the products or services, relating to drug and alcohol abuse, that are available to them. Readers are encouraged to visit their public libraries to find out more about the dangers of drug and alcohol abuse, or to call local, State, or national hotlines for further information, advice, or assistance.

TOLL-FREE INFORMATION

1-800-COCAINE—COCAINE HELPLINE

A round-the-clock information and referral service. Recovering cocaine addict counselors answer the phones, offer guidance, and refer drug users and parents to local public and private treatment centers and family learning centers.

1-800-NCA-CALL—NATIONAL COUNCIL ON ALCOHOLISM INFORMATION LINE

The National Council on Alcoholism, Inc., is the national nonprofit organization combating alcoholism, other drug addictions, and related problems. Provides information about NCA's State and local affiliates' activities in their areas. Also provides referral services to families and individuals seeking help with an alcohol or other drug problem.

1-800-662-HELP—NIDA HOTLINE

NIDA Hotline, operated by the National Institute on Drug Abuse, is a confidential information and referral line that directs callers to cocaine abuse treatment centers in the local community. Free materials on drug use also are distributed in response to inquiries.

GENERAL READINGS

Publications listed below are free unless otherwise noted.

Adolescent Drug Abuse: Analyses of Treatment Research, by Elizabeth R. Rahdert and John Grabowski, 1988. This 139-page book assesses the adolescent drug user and offers theories, techniques, and findings about treatment and prevention. It also discusses family-based approaches. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Adolescent Peer Pressure Theory, Correlates, and Program Implications for Drug Abuse Prevention, 1988, U.S. Department of Health and Human Services. This 115-page book focuses on constructive ways of channeling peer pressure. This volume was developed to help parents and professionals understand the pressures associated with adolescence, the factors associated with drug use, and other forms of problem behavior. Different peer program approaches, ways in which peer programs can be implemented, and research suggestions are included. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Building Drug-Free Schools, by Richard A. Hawley, Robert C. Peterson, and Margaret C. Mason, 1986. This four-part drug prevention kit for grades K-12 provides school staff, parents, and community groups with suggestions for developing a workable school drug policy, K-12 curriculum, and community support. The kit consists of three written guides (\$50) and a film (\$275). American Council for Drug Education, 204 Monroe Street, Suite 110, Rockville, MD 20852. Telephone (301) 294-0600.

The Challenge newsletter highlights successful school-based programs, provides suggestions on effective prevention techniques and the latest research on drugs and their effects. Published quarterly by the U.S. Department of Education and available from the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Courtwatch Manual. A 111-page manual explaining the court system, the criminal justice process, Courtwatch activities, and what can be done before and after a criminal is sentenced. Washington Legal Foundation, 1705 N Street, NW, Washington, DC 20036. Enclose \$5 for postage and handling. Telephone (202) 857-0240.

Drug Prevention Curricula: A Guide to Selection and Implementation, by the U.S. Department of Education, 1988. Written with the help of a distinguished advisory panel, this 76-page handbook represents the best current thinking about drug prevention education. It shows what to look for when adopting or adapting ready-made curricula, and suggests important lessons that ought to be part of any prevention education sequence. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Getting Tough on Gateway Drugs, by Robert DuPont, Jr., 1985. This 330-page book describes the drug problem, the drug-dependence syndrome, the gateway drugs, and some ways that families can prevent and treat drug problems. American Psychiatric Press, Inc., 1400 K Street, NW, Suite 1101, Washington, DC 20005, paperback, \$9.95. Telephone 1-800-368-5777 and in the DC area (202) 682-6269.

Gone Way Down: Teenage Drug-Use Is a Disease, by Miller Newton, 1981, revised 1987. This 72-page book describes the stages of adolescent drug use. American Studies Press, paperback, \$3.95. Telephone (813) 961-7200.

Kids and Drugs: A Handbook for Parents and Professionals, by Joyce Tobias, 1986, reprinted 1987. A 96-page handbook about adolescent drug and alcohol use, the effects of drugs and the drug culture, stages of chemical use, the formation of parent groups, and available resources. PANDAA Press, 4111 Watkins Trail, Annandale, VA 22003. Telephone (703) 750-9285, paperback, \$4.95 (volume discounts).

National Trends in Drug Use and Related Factors Among American High School Students, 1975-1986, by Jerald G. Bachman, Lloyd D. Johnston, and Patrick M. O'Malley, 1987. This 265-page book reports on trends in drug use and attitudes of high school seniors, based on an annual survey conducted since 1975. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Parents, Peers and Pot II: Parents in Action, by Marsha Manatt, 1983, reprinted 1988. This 160-page book describes the formation of parent groups in rural, suburban, and urban communities. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

Peer Pressure Reversal, by Sharon Scott, 1985, reprinted 1988. A 183-page guidebook for parents, teachers, and concerned citizens to enable them to teach peer pressure reversal skills to children. Human Resource Development Press, 22 Amherst Road, Amherst, MA 01002. Telephone (413) 253-3488, paperback, \$9.95.

Pot Safari, by Peggy Mann, 1982, reprinted 1987. A 134-page book for parents and teenagers. Distinguished research scientists are interviewed on the subject of marijuana. Woodmere Press, Cathedral Finance Station, P.O. Box 20190, New York, NY 10125. Telephone (212) 678-7839. Paperback, \$6.95 plus shipping (volume discounts).

Strategies for Controlling Adolescent Drug Use, by Michael J. Polich et al., 1984. This 196-page book reviews the scientific literature on the nature of drug use and the effectiveness of drug law enforcement, treatment, and prevention programs. The Rand Corporation, 1700 Main Street, P.O. Box 2138, Santa Monica, CA 90406-2138, R-3076-CHF. Telephone (213) 393-0411, paperback \$15.00.

Team Up for Drug Prevention With America's Young Athletes. A free booklet for coaches that includes information about alcohol and other drugs, reasons why athletes use drugs, suggested activities for coaches, a prevention program, a survey for athletes and coaches, and sample letters to parents. Drug Enforcement Administration, Demand Reduction Section, 1405 I Street, NW, Washington, DC 20537. Telephone (202) 786-4096.

The Fact Is...You Can Prevent Alcohol and Other Drug Problems Among Elementary School Children, 1988. This 17-page booklet includes audiovisuals, program descriptions, and professional and organizational resources to assist educators and parents of young children. National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852.

VIDEOTAPES

The following drug prevention videos were developed by the U.S. Department of Education. They are available for loan through the Department's Regional Centers listed on pages 78 and 79 and the National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852; (301) 468-2600.

Elementary School

The Drug Avengers. Ten 5-minute animated adventures that urge caution about ingesting unfamiliar substances; encourage students to trust their instincts when they think something is wrong; and show that drugs make things worse, not better.

Fast Forward Future. A magical device allows youngsters to peer into the future and see on a TV screen what will happen if they use drugs and what will happen if they remain drug free.

Straight Up. A fantasy adventure that features information on the effects of drugs, developing refusal skills, building self-esteem, and resisting peer pressure.

Junior High

Straight at Ya. Tips on peer pressure, saying no, and building self-esteem.

Lookin' Good. A two-part series based on actual incidents that convey the dangers of drug use and promote the use of peer support groups.

Straight Talk. Teens discuss why they won't use drugs and ways to avoid drugs.

High School

Hard Facts About Alcohol, Marijuana, and Crack. Offers factual information about the dangers of drug use in a series of dramatic vignettes.

Speak Up, Speak Out: Learning to Say No to Drugs. Gives students specific techniques they can use to resist peer pressure and say no to drug use.

Dare to Be Different. Uses the friendship of two athletes in their last year of high school to illustrate the importance of goals and values in resisting pressures to use drugs.

Downfall: Sports and Drugs. Shows how drugs affect athletic performance and examines the consequences of drug use, including steroid use, on every aspect of an athlete's life—career, family, friends, sense of accomplishment, and self-esteem.

Private Victories. Illustrates the effects of drug and alcohol use on students and the value of positive peer influences in resisting peer pressure to use drugs.

SOURCES OF FREE CATALOGS OF PUBLICATIONS

Hazelden Educational Materials. A source for pamphlets and books on drug use and alcoholism and curriculum materials for drug prevention. Telephone 1-800-328-9000. In Minnesota, call (612) 257-4010 or 1-800-257-0070.

National Council on Alcoholism. A source for pamphlets, booklets, and fact sheets on alcoholism and drug use. Telephone (212) 206-6770.

Johnson Institute. A source for audiocassettes, films, videocassettes, pamphlets, and books on alcoholism and drug use. Offers books and pamphlets on prevention and intervention for children, teens, parents, and teachers. Telephone toll-free 1-800-231-5165. In Minnesota, 1-800-247-0484 and in Minneapolis/St. Paul area, 944-0511.

National Association for Children of Alcoholics. A source for books, pamphlets, and handbooks for children of alcoholics. Conducts regional workshops and provides a directory of local members and meetings. Telephone (714) 499-3889.

SCHOOL AND COMMUNITY RESOURCES

ACTION Drug Prevention Program. ACTION, the Federal volunteer agency, works at the local, State, and national levels to encourage and help fund the growth of youth, parents, and senior citizen groups and networks committed to helping youth remain drug free. 806 Connecticut Avenue, NW, Suite M-606, Washington, DC 20525. Telephone (202) 634-9757.

American Council for Drug Education (ACDE). ACDE organizes conferences; develops media campaigns; reviews scientific findings; publishes books, a quarterly newsletter, and education kits for physicians, schools, and libraries; and produces films. 204 Monroe Street, Suite 110, Rockville, MD 20852. Telephone (301) 294-0600.

Committees of Correspondence. This organization provides a newsletter and bulletins on issues, ideas, and contacts. Publishes a resource list and pamphlets. Membership is \$15.00. 57 Conant Street, Room 113, Danvers, MA 01923. Telephone (508) 774-2641.

Drug-Free Schools and Communities—Regional Centers Program, U.S. Department of Education. This program is designed to help local school districts, State education agencies, and institutions of higher education to develop alcohol and drug education and prevention programs. Five regional centers provide training and technical assistance. For further information on center services, contact the center in your region:

Northeast Regional Center for
Drug-Free Schools and
Communities
12 Overton Ave.
Sayville, NY 11782-0403
(516) 589-7022

Connecticut, Delaware, Maine,
Maryland, Massachusetts,
New Hampshire, New Jersey,
New York, Ohio, Pennsylvania
Rhode Island, Vermont

Southeast Regional Center for
Drug-Free Schools and
Communities
Spencerian Office Plaza
University of Louisville
Louisville, KY 40292
(502) 588-0052
FAX: (502) 588-1782

Alabama,
District of Columbia, Florida,
Georgia, Kentucky,
North Carolina, Puerto Rico,
South Carolina, Tennessee,
Virginia, Virgin Islands,
West Virginia

Midwest Regional Center for
Drug-Free Schools
and Communities

1900 Spring Road
Oak Brook, IL 60521
(708) 571-4710
FAX: (708) 571-4718

Southwest Regional Center for
Drug-Free Schools and
Communities

555 Constitution Ave.
Norman, OK 73037-0005
(405) 325-1454
(800) 234-7972 (outside Oklahoma)

Western Regional Center for
Drug-Free Schools and
Communities

101 S.W. Main St., Suite 500
Portland, OR 97204
(503) 275-9480
(800) 547-6339 (outside Oregon)

Indiana, Illinois,
Iowa, Michigan,
Minnesota,
Missouri, Nebraska,
North Dakota,
South Dakota,
Wisconsin

Arizona, Arkansas,
Colorado, Kansas,
Louisiana, Mississippi,
New Mexico, Oklahoma,
Texas, Utah

Alaska, California, Hawaii,
Idaho, Montana, Nevada,
Oregon, Washington, Wyoming,
American Samoa, Guam,
Northern Mariana Islands,
and Republic of Palau

For general program information, contact the U.S. Department of Education, Drug-Free Schools Staff, 400 Maryland Avenue, SW, Washington, DC 20202-6151. Telephone (202) 732-4599.

Drug-Free Schools and Communities—State and Local Programs, U.S. Department of Education. This program provides each State educational agency and Governor's office with funds for alcohol and drug education and prevention programs in local schools and communities. For information on contact persons in your State, contact the U.S. Department of Education, Drug-Free Schools Staff, 400 Maryland Avenue, SW, Washington, DC 20202-6151. Telephone (202) 732-4599.

Families in Action. This organization maintains a drug information center with more than 200,000 documents. Publishes *Drug Abuse Update*, a quarterly journal containing abstracts of articles published in medical and academic journals and newspapers. \$25 for four issues. 2296 Henderson Mill Road, Suite 204, Atlanta, GA 30345. Telephone (404) 934-6364.

"Just Say No" Clubs. These nationwide clubs provide support and positive peer reinforcement to youngsters through workshops, seminars, newsletters, walk-a-thons, and a variety of other activities. Clubs are organized by schools, communities, and parent groups. Just Say No Foundation, 1777 N. California Boulevard, Suite 200, Walnut Creek, CA 94596. Telephone 1-800-258-2766 or (415) 939-6666.

Narcotics Education, Inc. This organization publishes pamphlets, books, teaching aids, posters, audiovisual aids, and prevention magazines designed for classroom use: *WINNER* for Preteens and *LISTEN* for teens. 6830 Laurel Street, NW, Washington, DC 20012. Telephone 1-800-548-8700, or in the Washington, DC area, call (202) 722-6740.

Parents' Resource Institute for Drug Education, Inc. (PRIDE). This national resource and information center offers consultant services to parent groups, school personnel, and youth groups, and provides a drug-use survey service. It conducts an annual conference; publishes a newsletter, a youth group handbook, and other publications; and sells and rents books, films, videos, and slide programs. Membership is \$20. The Hurt Building, 50 Hurt Plaza, Suite 210, Atlanta, GA 30303. Telephone (404) 577-4500; 1-800-241-9746.

TARGET. Conducted by the National Federation of State High School Associations, an organization of interscholastic activities associations, TARGET offers workshops, training seminars, and an information bank on chemical use and prevention. It has a computerized referral service to substance abuse literature and prevention programs. National Federation of State High School Associations, 11724 Plaza Circle, P.O. Box 20626, Kansas City, MO 64195. Telephone (816) 464-5400.

Toughlove. This national self-help group for parents, children, and communities emphasizes cooperation, personal initiative, avoidance of blame, and action. It publishes a newsletter, brochures, and books and holds workshops. P.O. Box 1069, Doylestown, PA 18901. Telephone 1-800-333-1069 or (215) 348-7090.

U.S. Clearinghouse. (A publication list is available on request, along with placement on a mailing list for new publications. Single copies are free.)

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600
1-800-SAY-NOTO

NCADI combines the clearinghouse activities previously administered by the National Institute on Alcoholism and Alcohol Abuse and the National Institute on Drug Abuse. The Department of Education contributes to the support of the clearinghouse, and provides anti-drug materials for free distribution.

READINGS ON LEGAL ISSUES

Alexander, Kern, *American Public School Law*, 3d ed. St. Paul, MN: West Publishing Company, 1992.

Rapp, J.A., *Education Law*, New York, NY: Matthew Bender and Company, Inc., 1991. A comprehensive, frequently updated, four-volume, looseleaf treatise on all issues of education law.

The Journal of Law and Education includes articles on education issues and a section on recent developments in the law. It is published quarterly by Jefferson Law Book Company, 2035 Redding Rd., Cincinnati, OH 45202-1416.

Reutter, E. Edmund, *The Law of Public Education*, 3d ed. Mineola, NY: Foundation Press, 1985.

School Law Bulletin is a quarterly magazine published by the Institute of Government, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-3330.

School Law News is a newsletter that describes recent developments in the field. Capitol Publications, Inc., P.O. Box 1453, Alexandria, VA 22313-2053, Telephone (800) 327-7203.

The Schools and the Courts contains briefs of selected court cases involving elementary and secondary schools. It is published quarterly by College Administration Publications, 830-D Fairview Rd., P.O. Box 15898, Asheville, NC 28813-0898.

West's Education Law Reporter reprints the full text of Federal and State education law cases. Also included are education articles and comments selected from legal periodicals. West Publishing Company, 610 Opperman Drive, P.O. Box 64526, St. Paul, MN 55164-0526.

OTHER SOURCES OF MATERIALS ON LEGAL ISSUES

Council of School Attorneys, National School Boards Association (NSBA), provides a national forum on the practical legal problems faced by local public school districts and the attorneys who serve them. NSBA conducts programs and seminars and publishes monographs on a wide range of legal issues affecting public school districts. 1680 Duke Street, Alexandria, VA 22314, Telephone (703) 838-NSBA.

National Organization on Legal Problems of Education (NOLPE) is a nonprofit, nonadvocacy organization that disseminates information about current issues in school law. NOLPE publishes newsletters, serials, books, and monographs on a variety of school law topics; hosts seminars; and serves as a clearinghouse for information on education law. 3601 SW 29th Street, Suite 223, Topeka, KS 66614. Telephone (913) 273-3550.

References

Children and Drugs

Friedman, Alfred. "Does Drug and Alcohol Use Lead to Failure to Graduate from High School?" *Journal of Drug Education*, Vol. 15(4), 1985.

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors*. Ann Arbor, MI: University of Michigan, Institute for Social Research, 1987 (and unpublished information).

Tobias, Joyce M. *Kids and Drugs: A Handbook for Parents and Professionals*. Annandale, VA: PANDAA Press, 1986.

Youth and Alcohol

Alcohol Consumption and Related Problems. NIAAA, Alcohol and Health Monograph 1, 1982.

Johnston, Lloyd D., Patrick M. O'Malley, and Jerald G. Bachman. *National Trends in Drug Use and Related Factors Among American High School Students and Young Adults*. NIDA, Department of Health and Human Services, (ADM-87-1535), U.S. Government Printing Office, 1987

Alcohol Topics: Fact Sheet, Alcohol and Youth. January 1987, Rockville, MD. "Blood Alcohol Concentrations Among Young Drivers, 1983." *Morbidity and Mortality Weekly Report* 33:699-701, 1984. National Clearinghouse for Alcohol and Drug Information.

Alcohol and Health VI. National Institute on Alcohol Abuse and Alcoholism, Sixth Special Report to the U.S Congress on Alcohol and Health, (ADM 87-1519) Rockville, MD.

Health, United States, 1980. National Center for Health Statistics, (PHS 81-1232), December 1980.

"A Study of Children's Attitudes and Perceptions about Drugs and Alcohol." *Weekly Reader Publications*. Middletown, CT. April 25, 1983.

National Clearinghouse for Alcohol and Drug Information: "Fact Sheet: Selected Statistics on Alcohol and Alcoholism," June 1987. Rockville, MD.

DuPont, R.L. "Substance Abuse." *Journal of the American Medical Association*, 254:16, October 25, 1985.

Kandel, D.B. "Epidemiological and Psychosocial Perspectives on Adolescent Drug Use." *Journal of the American Academy of Child Psychology*, 21(4):328-347, 1982.

Braucht, G.N. "Psychosocial Research on Teenage Drinking: Past and Future," in Scarpitti, F.R. & S.K. Datesman, eds. *Drugs and the Youth Culture*. Beverly Hills, CA: Sage Publications, Inc., 1980.

Jenson, R. "Adolescent Problem Drinking: Psychosocial Aspects & Developmental Outcomes in Proceedings." Collaborating Center Designation Meeting & Alcohol Research Seminar, L.H. Towle, ed. 1985. (ADM 85-1730), Rockville, MD.

Extent of Alcohol and Other Drug Use

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors*. Ann Arbor, MI: University of Michigan, Institute for Social Research, 1991 (and unpublished information).

Johnston, Lloyd D., Patrick M. O'Malley, and Jerald G. Bachman. *Drug Use Among American High School Students, College Students, and Other Young Adults: National Trends Through 1990*. Rockville, MD: National Institute on Drug Abuse, 1990 (and unpublished information).

Miller, Judith D., Ira H. Cisin, and Herbert I. Abelson. *National Survey on Drug Abuse: Main Findings, 1982*. Rockville, MD: National Institute on Drug Abuse, 1983 (ADM 83-1263).

Delinquency in the United States, 1982. Pittsburgh, PA: National Council of Juvenile and Family Court Judges, 1985.

Drug Problems in Japan. National Police Agency of Japan, 1985.

"Youth and Alcohol: A National Survey." U.S. Department of Health and Human Services, Office of the Inspector General, 1991.

O'Malley, Patrick M., Jerald G. Bachman, and Lloyd D. Johnston. "Student Drug Use in America: Differences Among High Schools." Ann Arbor, MI: University of Michigan, Institute for Social Research, unpublished preliminary draft.

Japan Statistics Yearbook, 1985. Tokyo: Statistics Bureau, Management and Coordination Agency, 1985.

Washton, Arnold M. and Mark S. Gold. "Recent Trends in Cocaine Abuse: A View from the National Hotline, 800-COCAINE ;" in *Advances in Alcohol and Substance Abuse*, 1987.

How Drug Use Develops

Bolton, Iris M. "Educated Suicide Prevention." *School Safety*. Spring 1986.

DuPont, Robert L. *Getting Tough on Gateway Drugs*. Washington, DC: American Psychiatric Press, 1984.

Gold, Mark S., Linda Semlitz, Charles A. Dackis, and Irl Extein. "The Adolescent Cocaine Epidemic." *Seminars in Adolescent Medicine*, Vol. 1(4). New York, NY: Thieme, Inc., December 1985.

Holzman, David. "Crack Shatters the Cocaine Myth," and "Hot Line Taking 1,200 Calls A Day." *Insight*. June 23, 1986.

Jaffe, Jerome H. "Testimony before Subcommittee on Children, Family, Drugs, and Alcoholism," February 20, 1986. Washington, DC: U.S. Government Printing Office, 1986.

Mann, Peggy. *Marijuana Alert*. New York, NY: McGraw-Hill, 1985.

Mills, Carol J. and Harvey L. Noyes. "Patterns and Correlates of Initial and Subsequent Drug Use Among Adolescents." *Journal of Consulting and Clinical Psychology*, 52(2), 1984.

Morganthau, Tom, Mark Miller, Janet Huck, and Jeanne DeQuinne. "Kids and Cocaine." *Newsweek*, March 17, 1986.

Cocaine Addiction: It Costs Too Much. Rockville, MD: National Institute on Drug Abuse, 1985.

Tobias, Joyce M. *Kids and Drugs*. Annandale, VA: PANDAA Press, 1986.

Weekly Reader Publications. *The Weekly Reader National Survey: Drugs and Drinking*. Middletown, CT: Field Publications, 1987.

Effects of Drug Use

Deadwyler, Sam A. "Correlating Behavior with Neural Activity: An Approach to Study the Action of Drugs in the Behaving Animal." *Neuroscience Methods in Drug Abuse Research*. Rockville, MD: National Institute on Drug Abuse, 1985.

Mann, Peggy. *Marijuana Alert*. New York, NY: McGraw-Hill, 1985.

Tobias, Joyce M. *Kids and Drugs*. Annandale, VA: PANDAA Press, 1986.

Drug Use and Learning

Friedman, Alfred. "Does Drug and Alcohol Use Lead to Failure to Graduate from High School?" *Journal of Drug Education*, Vol. 15(4), 1985.

Johnston, Lloyd D., Jerald G. Bachman, and Patrick M. O'Malley. *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors*. Ann Arbor, MI: University of Michigan, Institute for Social Research, 1987 (and unpublished information).

Niven, Robert G. "Marijuana in the School: Clinical Observation and Needs." *Marijuana and Youth*. Rockville, MD: National Institute on Drug Abuse, 1982.

Washton, Arnold M. and Mark S. Gold. "Recent Trends in Cocaine Abuse: A View from the National Hotline, '800-COCAINE,'" in *Advances in Alcohol and Substance Abuse*, 1987.

What Parents Can Do

American Association of School Administrators and the Quest National Center. *Positive Prevention: Successful Approaches to Preventing Youthful Drug and Alcohol Use*. Arlington VA: American Association of School Administrators, 1985.

Fraser, M. W., and J. D. Hawkins. *Parent Training for Delinquency Prevention: A Review*. Seattle, WA: Center for Law and Justice, University of Washington, 1982.

Manatt, Marsha. *Parents, Peers, and Pot II*. Rockville, MD: National Institute on Drug Abuse, 1983.

Mann, Peggy. *Morijuno Alert*. New York, NY: McGraw-Hill, 1985.

National Institute on Drug Abuse. *Drugs and the Family*. Rockville, MD: National Institute on Drug Abuse, 1981, (ADM 83-1151).

National Institute on Drug Abuse. *Parents: What You Can Do About Drug Abuse—Get Involved*. Rockville, MD: National Institute on Drug Abuse, 1983 (ADM 84-1267).

Tobias, Joyce M. *Kids and Drugs*. Annandale, VA: Panda Press, 1986.

What Schools Can Do

Adams, Tom, with Bernard R. McColgan, Steven E. Gardner, and Maureen E. Sullivan. *Drug Abuse Prevention and the Schools*. Rockville, MD: National Institute on Drug Abuse, June 1984 (unpublished paper).

Assisting Athletes with Alcohol and Other Drug Problems. Rockland, ME: State of Maine, March 1986.

Hampshire Informed Parents, Inc. "Evaluation of Drug Literature." Amherst, MA: Hampshire Informed Parents, Inc.

Hawley, R. A. *A School Answers Back: Responding to Student Drug Use*. Rockville, MD: American Council for Drug Education, 1984.

Kennedy, Dorothy. "A Teacher: Help Me Stop Drug Abuse." *The Executive Educator*. October 1980, p. 23.

National Institute on Alcohol Abuse and Alcoholism. *Prevention Plus: Involving Schools, Parents, and the Community in Alcohol and Drug Education*. Washington, DC: U.S. Government Printing Office, 1983 (ADM 83-1256).

National Institute on Drug Abuse. *Handbook for Prevention Evaluation*. Rockville, MD: National Institute on Drug Abuse, 1981.

National School Boards Association. *Resolutions of the NSBA*. Alexandria, VA: National School Boards Association, April 1986.

Pyramid Project. *School Drug Policy*. Berkeley, CA: Pacific Institute for Research and Evaluation, July 1986.

The Rand Corporation. *Teens in Action: Creating a Drug-Free Future for America's Youth*. Rockville, MD: National Institute on Drug Abuse, 1985 (ADM 85-1376).

Rubel, Robert J. *A Comprehensive Approach to Drug Prevention*. Austin, TX: National Alliance for Safe Schools, 1984.

South Dakota High School Activities Association. *Chemical Health-School Athletics and Fine Arts Activities*. Pierre, SD: South Dakota High School Athletics Association, 1968.

Strong, Gerald. "It's Time to Get Tough on Alcohol and Drug Abuse in Schools," *The American School Board Journal*. February 1983.

U.S. Department of Justice. *For Coaches Only: How to Start a Drug Prevention Program*. Washington, DC: U.S. Department of Justice, Drug Enforcement Administration, 1984.

U.S. Department of Justice. *Team Up for Prevention*. Washington, DC: U.S. Department of Justice, Drug Enforcement Administration, 1984.

What Communities Can Do

Blizard, R.A. and R.W. Teague. "Alternatives to Drug Use: An Alternative Approach to Drug Education." *The International Journal of the Addictions*, 1981, pp. 371-375.

Final Evaluation Report, 1984-85 Project DARE (Drug Abuse Resistance Education). Los Angeles, CA: Evaluation and Training Institute, August 1985.

Manatt, Marsha. *Parents, Peers, and Pot II*. Rockville, MD: National Institute on Drug Abuse, 1983.

National Institute on Drug Abuse. *Preventing Adolescent Drug Abuse: Intervention Strategies*. Rockville, MD: National Institute on Drug Abuse, 1983.

Teaching About Drug Prevention

Bausen, William B. and C. Kevin Molotte. *Well and Good*. Hollywood, CA: Health Promotion Associates, 1984.

Ellickson, Phyllis L. and Gail Zellman. *Adapting the Social Influence Model to Drug Prevention: The Project Alert Curriculum*. Paper presented at annual meeting of the American Public Health Association, Washington, DC: November 1985.

Project SMART. Los Angeles, CA: Health Behavior Research Institute. University of Southern California, 1982.

Adolescent Peer Pressure. Rockville, MD: National Institute on Drug Abuse, 1981 (ADM 84-1152).

Teaching Tools for Primary Prevention. Rockville, MD: National Institute on Drug Abuse, December 1982 (unpublished paper).

New Hampshire State Department of Education. *K-12 Guidelines for School Preventive Drug Education*. Concord, NH: State of New Hampshire, 1979.

How the Law Can Help

¹ *Bethel School District v. Fraser*, 418 U.S. 615, 682 (1986).

² *New Jersey v. T.L.O.*, 469 U.S. 325, 339 (1985).

³ 2 J. Rapp, *Education Law*, § 9.06[2] at 9-132 (1991).

⁴ See 21 U.S.C. § 860.

⁵ See 21 U.S.C. § 859.

⁶ See e.g., *Zamora v. Pomeroy*, 639 F.2d 662 (10th Cir. 1981) (locker search conducted after trained police dog indicated presence of marijuana inside).

⁷ See e.g., *Horton v. Goose Creek Independent School District*, 690 F.2d 470, 476-77 (5th Cir. 1982) (en banc) (citing cases and so holding), cert. denied, 463 U.S. 1207 (1983).

⁸ *New Jersey v. T.L.O.*, 469 U.S. at 343.

⁹ *Id.* at 340.

¹⁰ *Id.* at 345-48.

¹¹ *Bahr v. Jenkins*, 539 F. Supp. 483, 488 (E.D. Ky. 1982).

¹² *Martens v. District No. 220*, 620 F. Supp. 29 (N.D. Ill. 1985).

¹³ See *Horton v. Goose Creek Independent School District*, 690 F.2d at 477 (1982); *Jones v. Latexo Independent School*, 499 F. Supp. 223 (E.D. Tex. 1980).

¹⁴ See *Doe v. Renfrow*, 475 F. Supp. 1012 (N.D. Ind. 1979), *aff'd* in relevant part, 631 F.2d 91 (7th Cir.), cert. denied, 451 U.S. 1022 (1981).

¹⁵ *Horton v. Goose Creek Independent School District*, 690 F.2d at 477.

¹⁶ Compare *Odenheim v. Carlstadt-East Rutherford Regional School District*, 211 N.J. Super. 54, 10 A.2d 709 (1985) and *Anable v. Ford*, 653 F. Supp. 22 (W.D. Ark.), modified, 663 F. Supp. 149 (W.D. Ark. 1985) (urinalysis not permitted to screen public school students for drugs) with *Schail v. Tijjpecanoe*, 679 F. Supp. 833 (N.D. Ind. 1988) (upheld drug testing of interscholastic athletes in the public school system), *aff'd*, 864 F.2d 1309 (7th Cir. 1988).

¹⁷ *Bethel School District v. Fraser*, 418 U.S. at 686.

¹⁸ *Goss v. Lopez*, 419 U.S. 565 (1975).

¹⁹ One of the leading cases is *Dixon v. Alabama State Board of Education*, 294 F.2d 150 (5th Cir.), cert. denied, 368 U.S. 930 (1961).

²⁰ See *Individuals with Disabilities Education Act*, 20 U.S.C. §§ 1400-20, and *Section 504 of the Rehabilitation Act of 1973*, 29 U.S.C. § 794.

²¹ See generally 20 U.S.C. § 1232g and 34 C.F.R. Part 99.

- ²² The term education records is defined as records that are directly related to a student and maintained by or for the education agency or institution. The term does not include certain records maintained by a separate law enforcement unit of an education agency.
- ²³ FERPA permits a school to disclose information from education records to its own officials (including teachers) who have a legitimate educational interest in the information. A school may determine in its FERPA policy that one such interest is the need to decide on the appropriateness of discipline.
- ²⁴ An eligible student is a student who is 18 or older or attending an institution of postsecondary education.
- ²⁵ See *Board of Education v. McCluskey*, 458 U.S. 966, 970-71 (1982) (per curiam); see also *Tarter v. Raybuck*, 742 F.2d 977, 983 (6th Cir. 1984), cert. denied, 470 U.S. 1051 (1985).
- ²⁶ See *Harlow v. Fitzgerald*, 457 U.S. 800 (1982); *Wood v. Strickland*, 420 U.S. 308 (1975). Under these cases, officials will be immune from personal liability so long as their conduct does not violate clearly established constitutional or Federal statutory rights of which a reasonable person should have known.
- ²⁷ *Memphis Community School District v. Stachura*, 477 U.S. 299 (1986).
- ²⁸ *Carey v. Phipps*, 435 U.S. 247 (1978).

Specific Drugs and Their Effects

Drug Enforcement Administration. *Drugs of Abuse*. Washington, DC, 1985.

Mann, Peggy. *Pot Safari: A Visit to the Top Marijuana Research in the U.S.* New York, NY: Woodmere Press, 1985.

National Institute on Drug Abuse. *Cocaine Use in America: Epidemiologic and Clinical Perspectives*. National Institute on Drug Abuse, 1985, (ADM 85-1414).

National Institute on Drug Abuse. *Drug Abuse and Drug Abuse Research*. 1984, (ADM 85-1372).

National Institute on Drug Abuse. *Hallucinogens and PCP*. 1983, (ADM 83-1306).

National Institute on Drug Abuse. *Inhalants*. 1983 (ADM 83-1307).

National Institute on Drug Abuse. *Marijuana*. 1983 (ADM 83-1307).

National Institute on Drug Abuse. *NIDA Capsules*, various issues.

National Institute on Drug Abuse. *Opiates*. 1984 (ADM 84-1308).

National Institute on Drug Abuse. *Phencyclidine: An Update*. (ADM 86-1443).

National Institute on Drug Abuse. *Sedative-Hypnotics*. 1984 (ADM 84-1309).

National Institute on Drug Abuse. *Stimulants and Cocaine*. 1984 (ADM 84-1304).

Newsweek. March 17, 1986, page 58.

Tobias, Joyce. *Kids and Drugs: A Handbook for Parents and Professionals*. Annandale, VA: PANDAA Press, May 1986.

ACKNOWLEDGEMENTS

The following employees of the U.S. Department of Education assisted in the preparation of this volume and previous editions:

Beverley Blondell	Adriana de Kanter
Henry Bretzfield	Amy Katz
Ron Bucknam	Kim Light
Judith Cherrington	John Mason
Mari Colvin	Ross McNutt
Maura Daly	Val Plisko
Elizabeth Farquhar	Sandra Richardson
Jaime Fernandez	Loretta Riggans
Margaret Guenther	Deborah Rudy
Charlotte Gillespie	Daniel Schechter
Alan Ginsburg	Amy L. Schwartz
Wilma Green	Barbara Vespucci
Dick Hays	John Walters
Gregory Henschel	Sherry Weissman
Daphne Kaplan	Valerie Wood

Assistance was also provided by staff from the National Clearinghouse for Alcohol and Drug Information, the National Institute on Drug Abuse, and by consultants Elizabeth S. McConnell and Joel M. Moskowitz.

ORDERING INFORMATION

To obtain an additional copy of this handbook free of charge, please call the Department of Education's toll-free number:

1-800-624-0100

Or send your name and address to:

**Schools Without Drugs
Pueblo, CO 81009**

or to:

**National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
1-800-SAY-NOTO**

BEST COPY AVAILABLE





U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement (OERI)
Educational Resources Information Center (ERIC)



NOTICE

REPRODUCTION BASIS

☐

This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.



This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").